

Name  
in  
Full

## CERTIFICATE OF DEATH

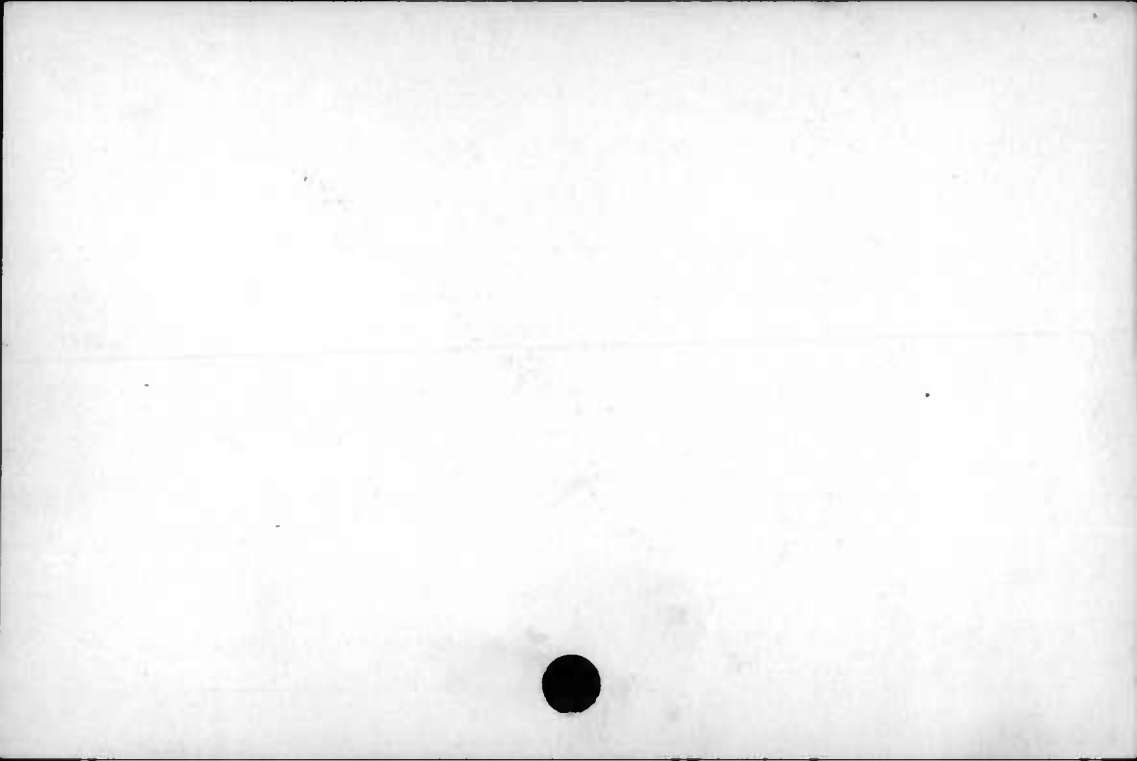
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Roadville</i> Town <i>Roadville</i> County <i>Montgomery</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>Aug.</i>	Day <i>5</i>	Age <i>6</i> Years Months <i>6</i> Days <i>-</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>	Birth-place <i>Tg</i>	
Occupation <i>None</i>	Where Residing if not at place of death <i>X</i>		
Married, Single or Widowed <i>X</i>	Name of Wife or Husband <i>X</i>		
Father's Name <i>E. S. Bailey</i>	Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Mary L. Anderson</i>	Mother's Birthplace <i>Ta</i>		
Name of person giving information <i>E. S. Bailey</i>	How related to deceased <i>Sister</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Typhoid fever</i>	How long <i>9 days</i>
Immediate <i>Meningitis</i>	How long <i>5 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>A. M. Luthien</i>
	Address <i>Roadville Ind</i>
Accident or Suicide?	



Name  
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## CERTIFICATE OF DEATH

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NEAREST FRIEND

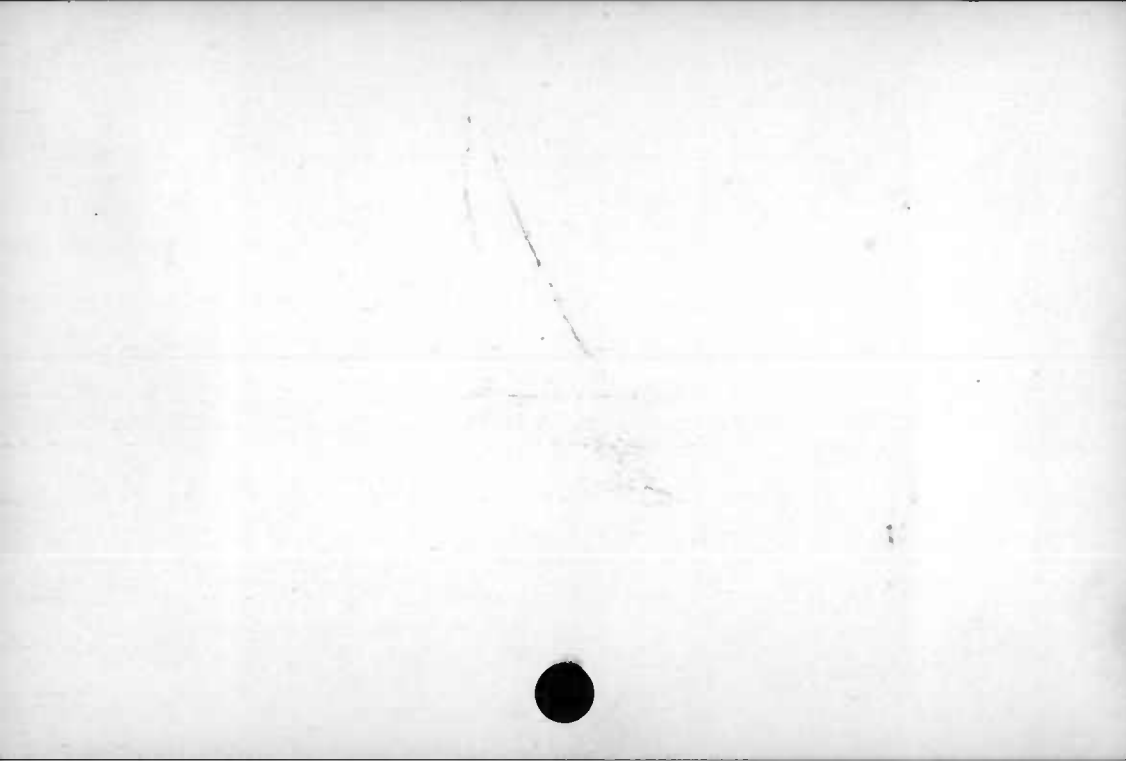
Died at <i>Ruth Barnesley</i>		Town <i>Oakdale Md.</i>		County <i>Montgomery</i>		MARYLAND	
Date of death 190 <i>7</i>		Month <i>8</i>		Day <i>6</i>		Years <i>one</i>	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth Place <i>Oakdale Md</i>		Months <i>24</i>	
Married, Single or Widowed <i>.</i>				Occupation			
Name of Wife or Husband							
Father's Name <i>Lewis Barnesley</i>				Father's Birthplace <i>Olney Md</i>			
Mother's Maiden Name <i>Evelyn Beall</i>				Mother's Birthplace <i>Loytons ville</i>			
Name of person giving information <i>L. W. Barnesley</i>				How related to deceased <i>Father</i>			

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary <i>Cholera Infantum</i>	How long <i>5 days</i>
Immediate <i>meningial inflammation</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Roger Butler</i>
	Address <i>Sandy Spring Md</i>
Accident or Suicide?	



Name  
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Full

Lottie Bean

## CERTIFICATE OF DEATH

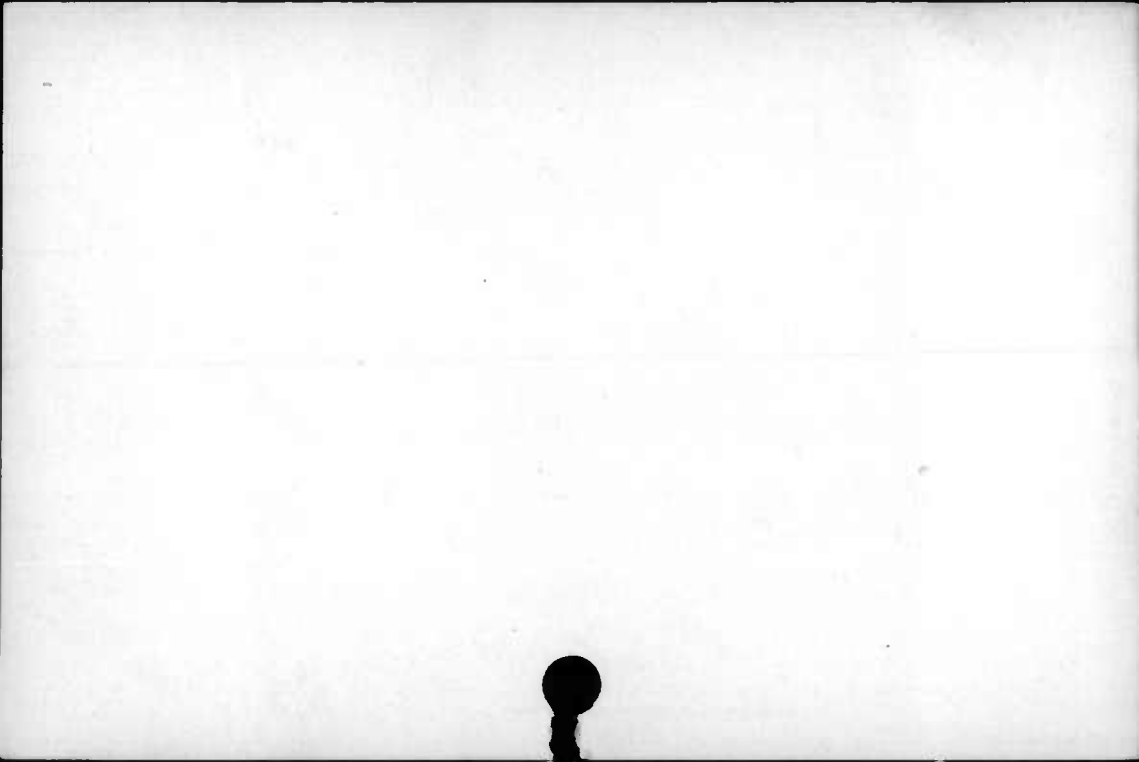
TO BE ANSWERED BY  
NEAREST FRIEND

Died at Cabin John		County Montgomery		MARYLAND	
Date of death 1907		Month AUG 25 1907		Age 73	
Sex Female		Color or Race White		Birth- place Washi Co. Md.	
Occupation Housewife		Where Residing if not at place of death X			
Married, Single or Widowed Widowed		Name of Wite or Husband Joseph Bean			
Father's Name Perence O'Byrne		Father's Birthplace Ireland			
Mother's Maiden Name Emily Cooper		Mother's Birthplace Washi Co. Md.			
Name of person giving In formation Nellie Saunders		How related to deceased Daughter			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Hepatic Carcinoma	How long One Year
Immediate Chronic Gastritis	How long 3 months
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician W. J. Pratt
	Address Potomac
Accident or Suicide? X	Md.



Name  
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## CERTIFICATE OF DEATH

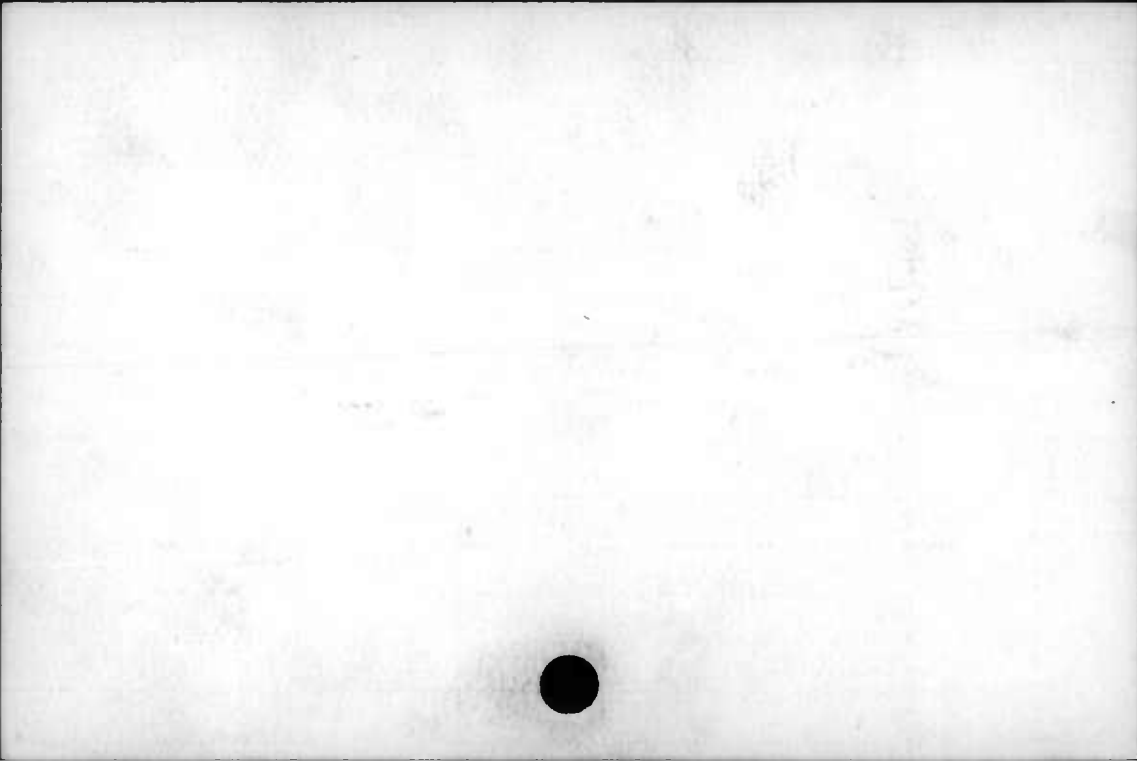
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Silver Spring</i> <sup>Town</sup>		<i>Montgomery Co</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1907</i>	<i>Aug 14</i> <sup>Month Day</sup>	<i>88</i> <sup>Years</sup>	<i>2</i> <sup>Months</sup>	<i>16</i> <sup>Days</sup>
Sex	<i>Male</i>		Color or Race	<i>White</i>	
Occupation	<i>Lawyer</i>		Where Residing if not at place of death <i>Washington D.C.</i>		
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband <i>Matie A. Birney</i>			
Father's Name	<i>James S. Birney</i>			Father's Birthplace	<i>Danville Ky</i>
Mother's Maiden Name	<i>Azitha McDowell</i>			Mother's Birthplace	<i>Kentucky</i>
Name of person giving information	<i>Arthur A. Birney</i>			How related to deceased	<i>Son</i>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Old Age</i>	How long	<i>(106)</i>
Immediate	<i>Chronic Deamhorea</i>	How long	<i>3 months</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes.</i>		<i>Edith S. T. Birney</i>	
		Address	
		<i>15-16-22nd St</i>	
		<i>Washington D.C.</i>	
Accident or Suicide?			





Name in Full		Certificate of Death			
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Bethesda</u> <sup>Town</sup>		<u>Montgomery</u> <sup>County</sup>	
		Date of death <u>1907</u> <sup>Month</sup> <u>August</u> <sup>Day</sup> <u>15<sup>th</sup></u>		Age <u>00</u> <sup>Years</sup> <u>4</u> <sup>Months</sup> <u>30</u> <sup>Days</sup>	
		Sex <u>male</u>		Color or Race <u>White</u>	
		Occupation <u>~</u>		Birth-place <u>D. C.</u>	
		Married, Single or Widowed <u>~</u>		Where Residing if not at place of death <u>~</u>	
		Name of Wife or Husband <u>~</u>			
		Father's Name <u>~</u>		Father's Birthplace <u>~</u>	
		Mother's Maiden Name <u>~</u>		Mother's Birthplace <u>~</u>	
Name of person giving information <u>Miss E. Flynn</u>		How related to deceased <u>None</u>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER		Primary <u>Marasmus</u>		How long <u>Two months</u>	
		Immediate <u>Inanition &amp; exhaustion</u>		How long <u>7 days</u>	
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>Dr. Myers Hunter M.D.</u>	
		<u>yes</u>		Address <u>Founding Hospital Bethesda, Md.</u>	
		Accident or Suicide?			



Dr William L. Lewis,  
Health Officer  
Hensington,  
Maryland.

Montgomery Co.

Name  
in  
Full

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NEAREST FRIEND

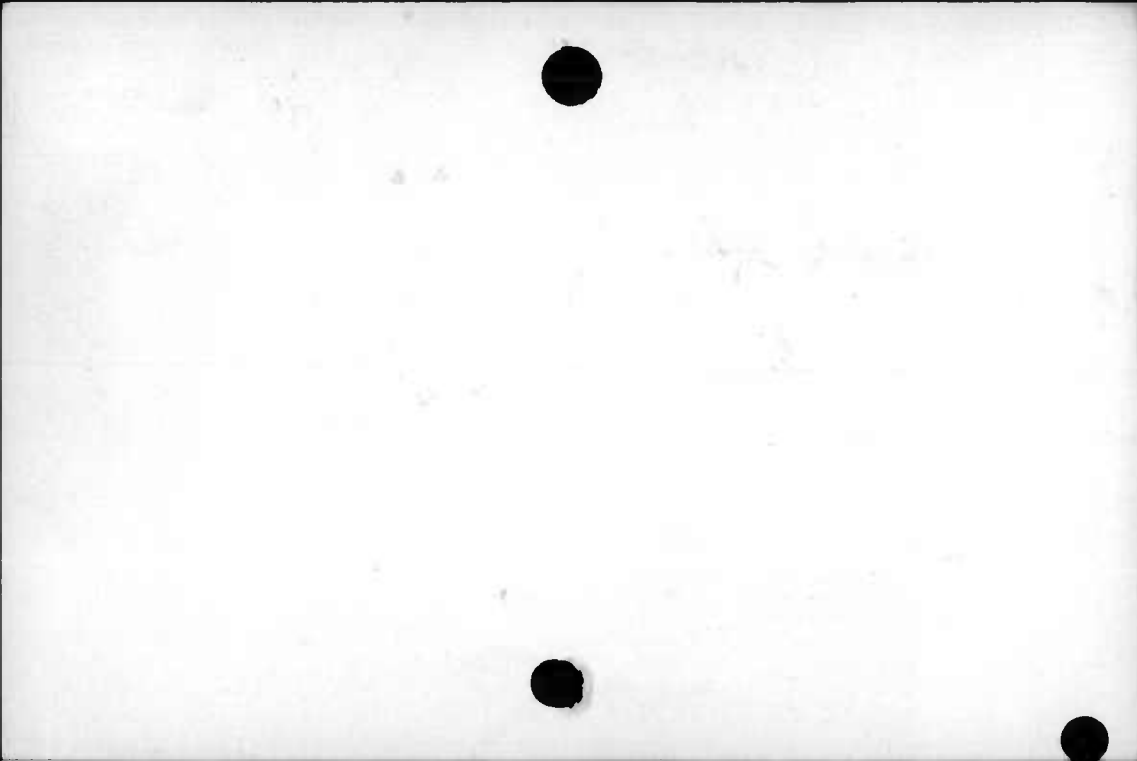
Name in Full <b>John W Byrne</b>		Town <b>Baithurstburg</b>		County <b>Montgomery</b>		State <b>MARYLAND</b>	
Died at <b>Baithurstburg</b>		Month <b>Aug</b>		Day <b>20</b>		Years <b>68</b>	
Date of death <b>1907</b>		Month <b>Aug</b>		Day <b>20</b>		Age <b>68</b>	
Sex <b>Male</b>		Color or Race <b>White</b>		Birthplace <b>Va</b>		Months <b>4</b>	
Occupation <b>Merchant</b>		Where Residing if not at place of death <b>Baithurstburg</b>		Days <b>6</b>			
Married, Single or Widowed <b>Married</b>		Name of Wife or Husband <b>Sarah Ellen Byrne</b>		Father's Name <b>Don't know</b>		Father's Birthplace <b>Don't know</b>	
Mother's Maiden Name <b>" "</b>		Mother's Birthplace <b>" "</b>		How related to deceased <b>son</b>			
Name of person giving information <b>W. C. Byrne</b>							

## CAUSES OF DEATH

104

PHYSICIAN  
OR CORONER

Primary <b>Acute Indigestion</b>	How long <b>5 hrs</b>
Immediate <b>Exhaustion</b>	How long <b>1 hr</b>
Are the name, age, sex, color, date and place correctly given above? <b>yes</b>	Signature of Physician <b>C. C. Etchison</b>
	Address <b>Baithurstburg Md.</b>
Accident or Suicide?	



Name  
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Chas. Campbell

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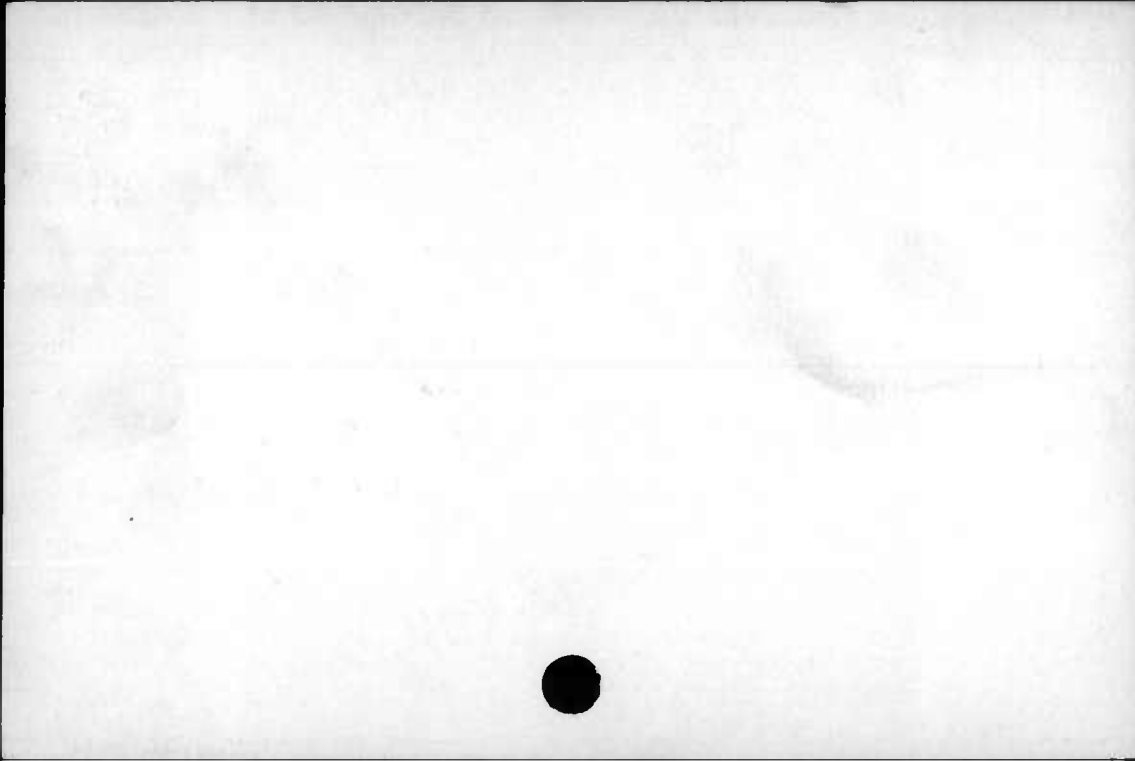
Died at		Town Derwood		County Montgomery		MARYLAND	
Date of death		Month Aug.	Day 6 <sup>th</sup>	Years about 70	Months		Days
Sex Male		Color or Race Colored		Birth-place Md			
Occupation Laborer				Where Residing if not at place of death X			
Married, Single or Widowed widowed		Name of Wife or Husband Not known					
Father's Name unobtainable				Father's Birthplace Southland			
Mother's Maiden Name unobtainable				Mother's Birthplace Southland			
Name of person giving information Dr. F. C. H. H. H.				How related to deceased None			

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary	Chronic heart failure	How long	1 year
Immediate	Uremia	How long	X
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		Dr. F. C. H. H. H.	
Address		Rockville Md	
Accident or Suicide?			



Name  
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Ethel Viola Carter

CERTIFICATE OF DEATH

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NEAREST FRIEND

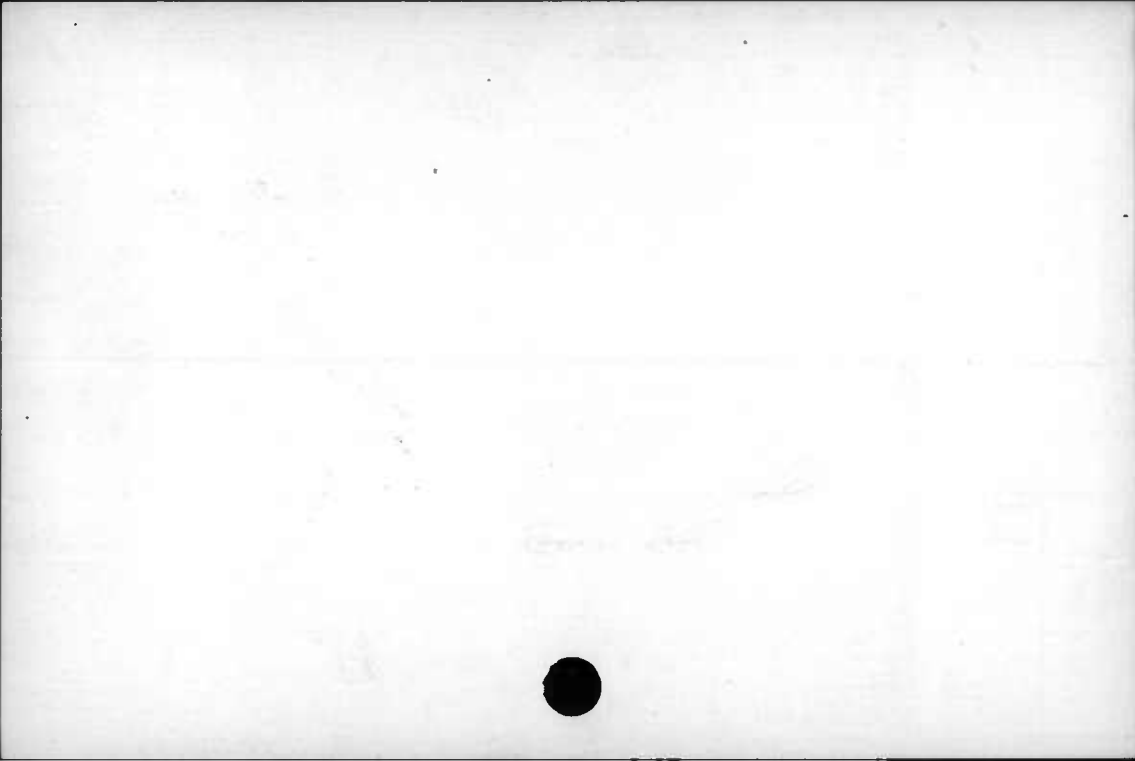
Died at <sup>Town</sup> Wheaton		<sup>County</sup> Maryland		MARYLAND	
Date of death	1907	Month	Aug	Day	5
Age		Years	4	Months	5
Sex	Female	Color or Race	Negro	Birth-place	Md
Occupation	none	Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Single		✓			
Father's Name	Wm Henry Carter	Father's Birthplace	Md.		
Mother's Maiden Name	Martha Kelley	Mother's Birthplace	Md.		
Name of person giving information	Wm Henry Carter	How related to deceased	Father		

CAUSES OF DEATH

105

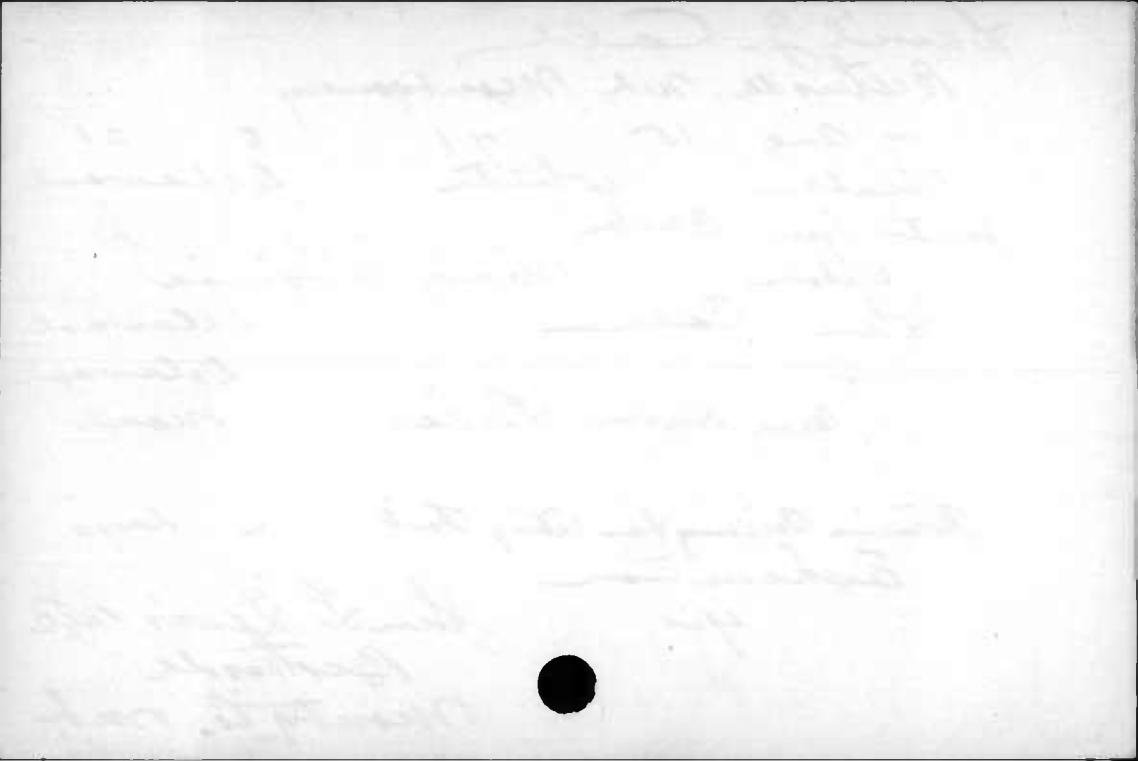
PHYSICIAN  
OR CORONER

Primary	Malaria	How long	4 mos
Immediate	Decomposition	How long	3 weeks
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	W L Lewis
		Address	Kennedy
Accident or Suicide?	no		





Name in Full		JAMES E. CHESHER				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Cabin John		Montgomery		MARYLAND	
	Date of death	190	AUG 3	1907	Age	Years	Months 6 Days
	Sex	Male		Color or Race	white		Birth-place
	Occupation	Infant		Where Residing if not at place of death		X	
	Married, Single or Widowed	Single		Name of Wife or Husband		X	
	Father's Name	James R. Chesher				Father's Birthplace	Montg Co' Md.
	Mother's Maiden Name	Hona Reid				Mother's Birthplace	Virginia
	Name of person giving information	James R. Chesher				How related to deceased	Father
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Cholera Infantum				How long	5 weeks
	Immediate	Exhaustion				How long	—
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		
	Yes				Address		
	Accident or Suicide?				Potomac Md.		



Name  
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Samuel J. Call

## CERTIFICATE OF DEATH

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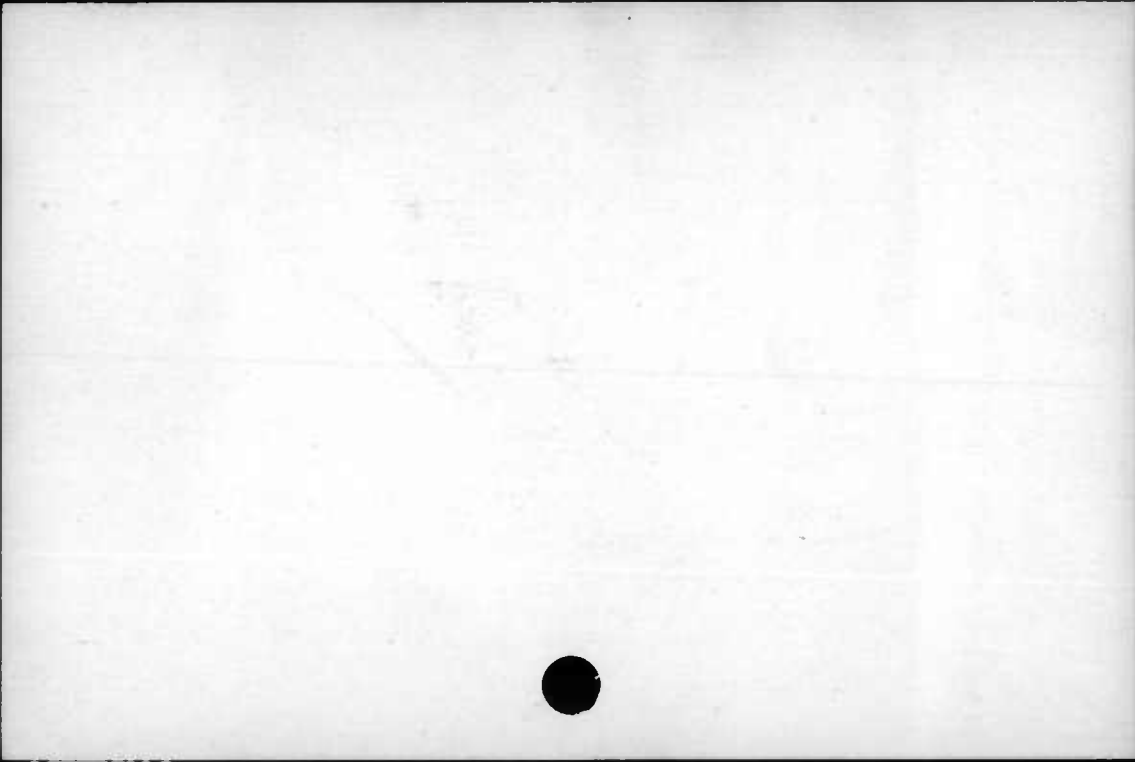
Died at <i>Bethesda, Md.</i>		County <i>Montgomery</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>Aug.</i>	Day <i>15</i>	Years <i>71</i>	Months <i>8</i>	Days <i>21</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Delaware</i>		
Occupation <i>Janitor Gun Club</i>		Where Residing if not at place of death <input checked="" type="checkbox"/>			
Married, Single or Widowed <i>Widower</i>	Name of Wife or Husband <i>Mary Virginia</i>				
Father's Name <i>John Call</i>	Father's Birthplace <i>Delaware</i>				
Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace <i>Delaware</i>				
Name of person giving information <i>Mary Helen Lucas</i>	How related to deceased <i>none</i>				

## CAUSES OF DEATH

175

PHYSICIAN  
OR CORONER

Primary <i>Stomach Poisoning from eating Pork</i>	How long <i>3 days</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John L. Lewis M.D.</i>
	Address <i>Bethesda</i>
	<i>Montg. Co. Md.</i>
Accident or Suicide?	



Name  
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Full

Charles Brook

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

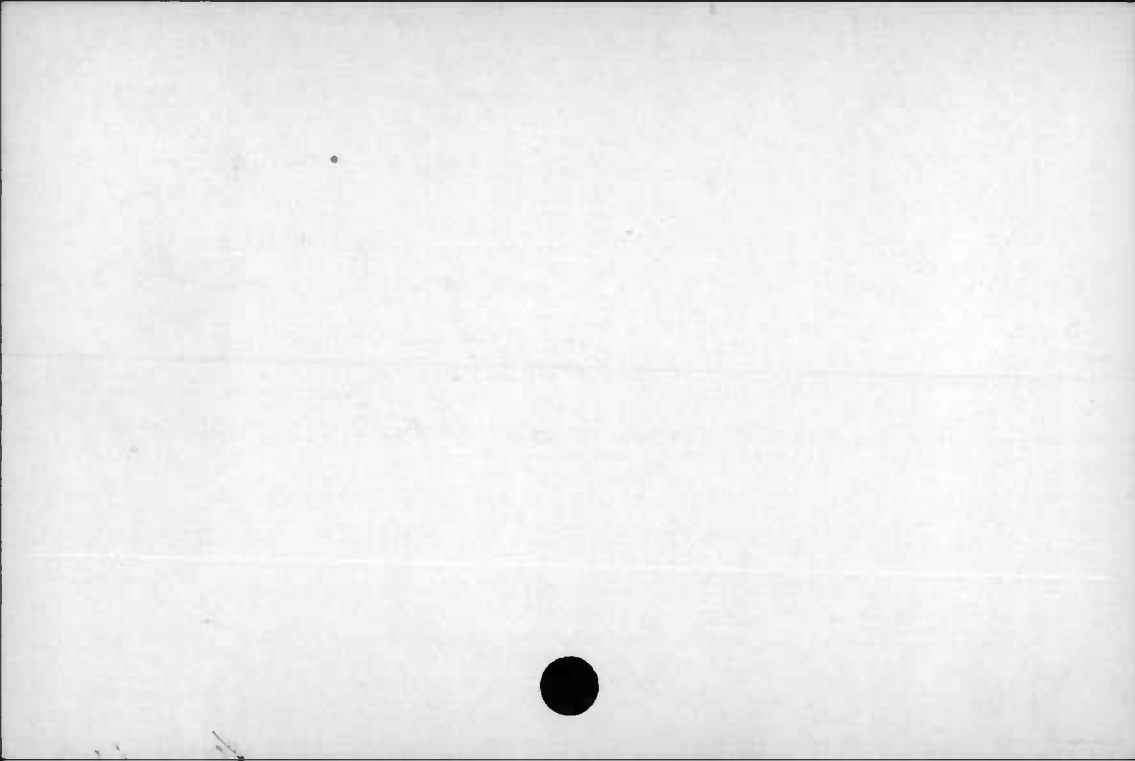
Died at		Town Bethesda		County Montgomery		MARYLAND	
Date of death	1901	Month August	Day 8 <sup>th</sup>	Age Years	11	Months	Days 14
Sex	male		Color or Race	white		Birth- place	D. C.
Occupation	~			Where Residing if not at place of death		~	
Married, Single or Widowed			Name of Wife or Husband				
Father's Name			~			Father's Birthplace	
Mother's Maiden Name			-			Mother's Birthplace	
Name of person giving in formation			Miss E. Flynn			How related to deceased	
						None	

CAUSES OF DEATH

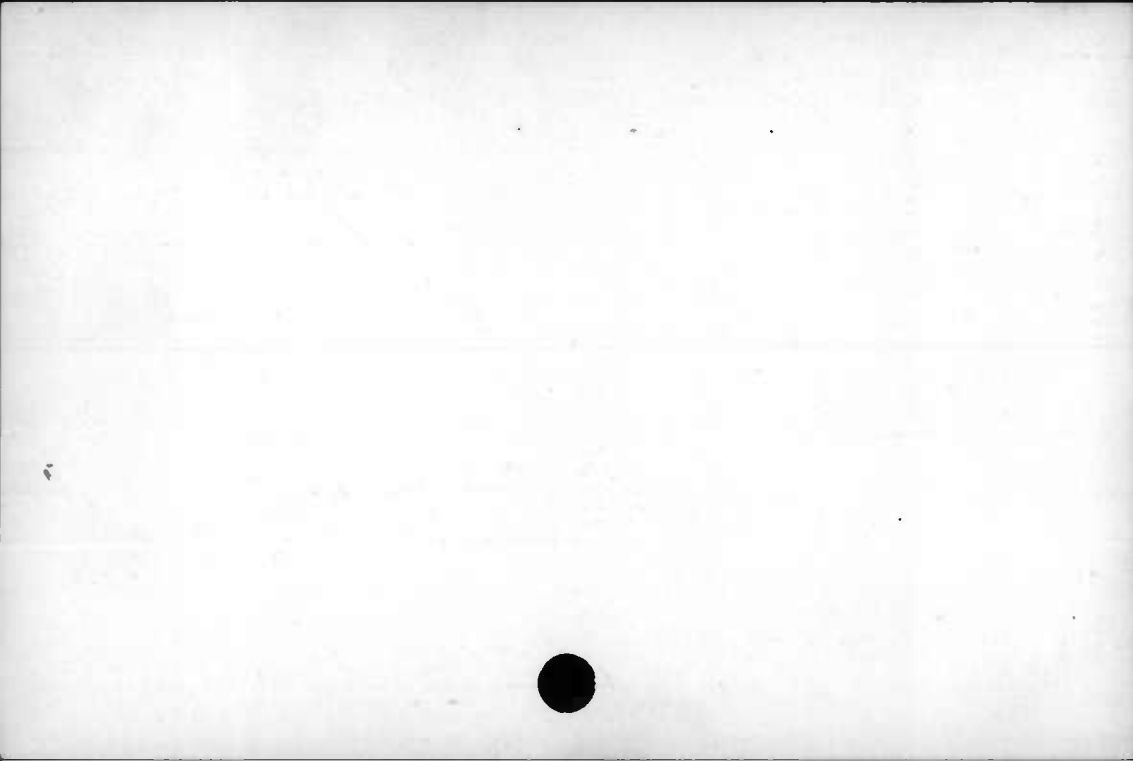
PHYSICIAN  
OR CORONER

Primary	Dis - Colitis	How long	Two months
Immediate	Exhaustion	How long	one week
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		St. Myers Hunter M.D.	
Address		Funding Hospital Bethesda Md	
Accident or Suicide?			

103



Name in Full <b>Agnus Davis</b>		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <b>Washington Grove</b> <small>Town</small>		<b>Montg.</b> <small>County</small>
	Date of death <b>1907</b> <small>Month</small> <b>8</b> <small>Day</small> <b>14</b>		<b>19</b> <small>Years</small> <b>19</b> <small>Months</small> <b>—</b> <small>Days</small> <b>—</b>
	Sex <b>Female</b>	Color or Race <b>colored</b>	Birth-place <b>md.</b>
	Occupation <b>laborer</b>	Where Residing if not at place of death <b>—</b>	
	Married, Single or Widowed <b>single</b>	Name of Wife or Husband <b>—</b>	
	Father's Name <b>— last known</b>	Father's Birthplace <b>md.</b>	
	Mother's Maiden Name <b>Jane Davis</b>	Mother's Birthplace <b>md.</b>	
Name of person giving information <b>anne Davis</b>	How related to deceased <b>grand mother</b>		
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary <b>Diphtheria</b>	<b>(9)</b>	How long <b>3 days</b>
	Immediate <b>Exhaustion</b>		How long <b>—</b>
	Are the name, age, sex, color, date and place correctly given above? <b>yes</b>	Signature of Physician <b>H.B. Haddock</b>	
		Address <b>Fairfaxburg md.</b>	
Accident or Suicide? <b>—</b>			





Name  
in  
Full

Wm Henry Davis

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Washington Grove <sup>County</sup> Monty MARYLAND

Date of death 1907 <sup>Month</sup> 8 <sup>Day</sup> 14 Age <sup>Years</sup> — <sup>Months</sup> — <sup>Days</sup> 21

Sex Male Color or Race colored Birth-place Md.

Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed Single Name of Wife or Husband \_\_\_\_\_

Father's Name \_\_\_\_\_ ~~not known~~ Father's Birthplace ~~not known~~

Mother's Maiden Name Agnes Davis Mother's Birthplace Md.

Name of person giving information Ann Davis How related to deceased Great Grand Mother

## CAUSES OF DEATH

(151)

PHYSICIAN  
OR CORONER

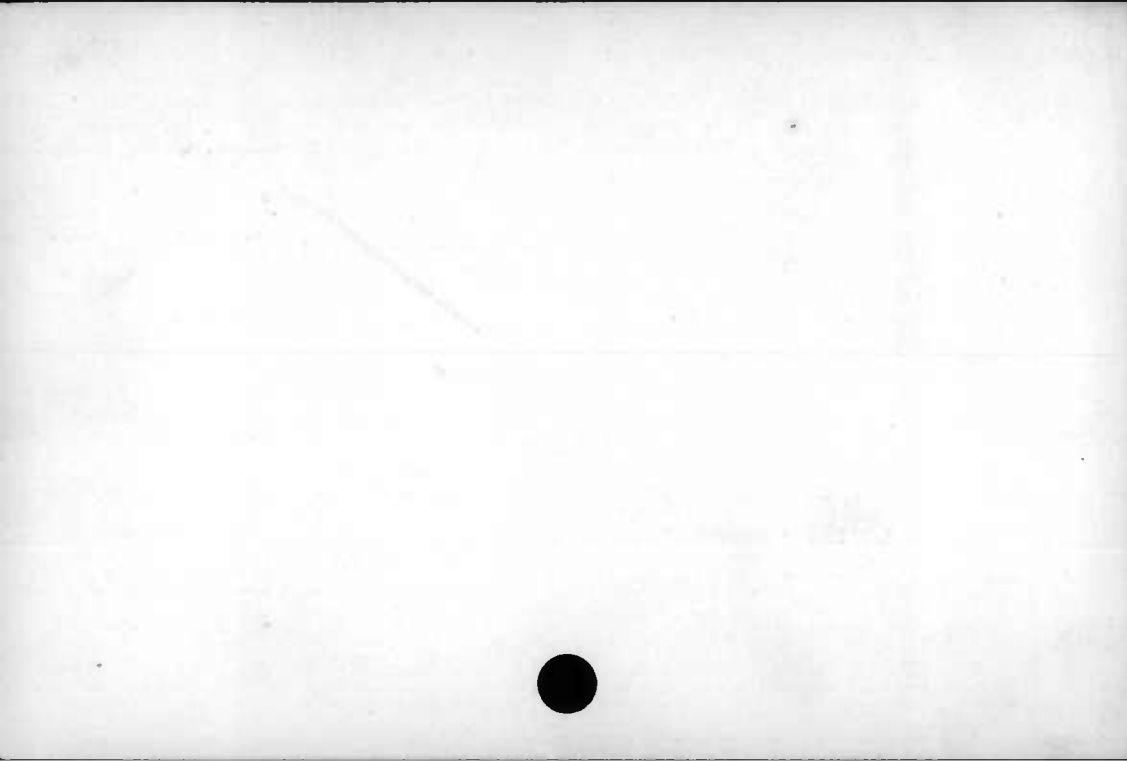
Primary ~~Isolation~~ Exhaustion How long 2 wks

Immediate Exhaustion How long 3 or 4 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician H B Haddley Address Hathersburg Md.

Accident or Suicide? \_\_\_\_\_



Name  
in  
Full

CERTIFICATE OF DEATH

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NEAREST FRIEND

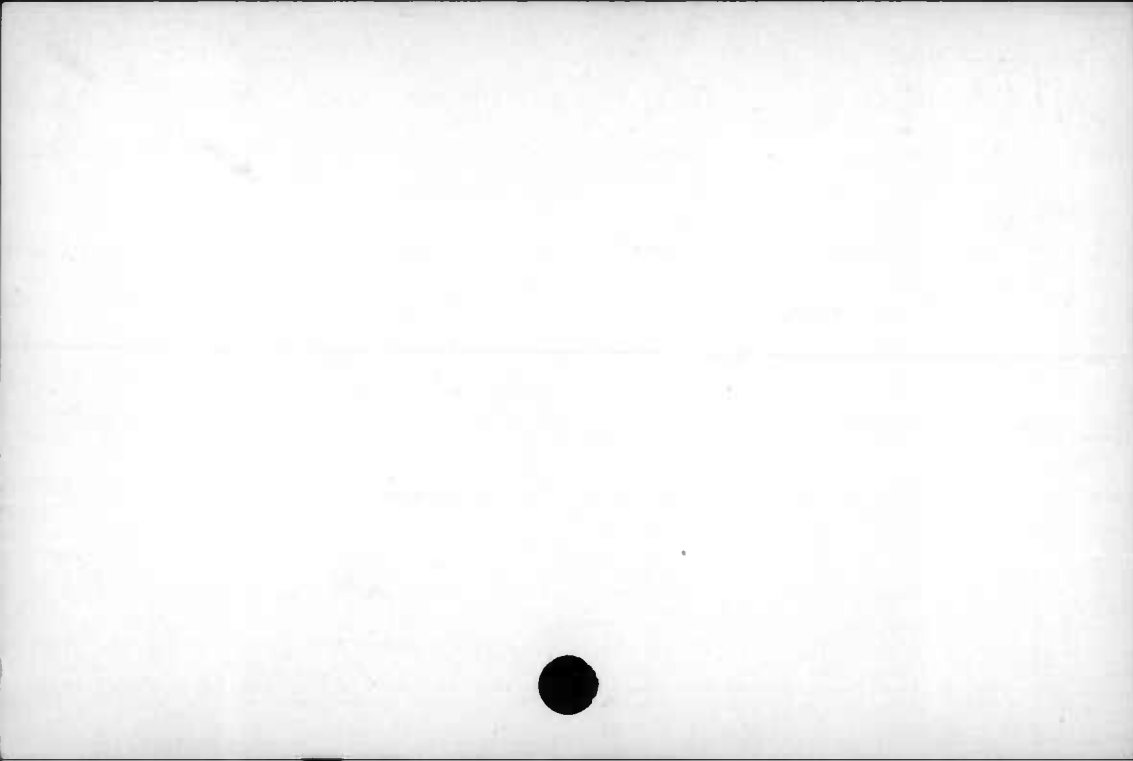
Died at <i>Cherry Chase</i> <small>Town</small>		<i>Montgomery</i> <small>County</small>		<i>MARYLAND</i>	
Date of death <i>1907</i>	<i>Aug</i> <small>Month</small>	<i>27</i> <small>Day</small>	Age <i>41</i> <small>Years</small>	<i>4</i> <small>Months</small>	<i>13</i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Pa</i>		
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>Same</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Geo. A. Ayler</i>				
Father's Name <i>John W. Ayler</i>	Father's Birthplace <i>Pa</i>		Mother's Birthplace <i>Pa</i>		
Mother's Maiden Name <i>Eliza A. H. H. H.</i>	Name of person giving information <i>Eugene A. Ayler</i>		How related to deceased <i>Mother</i>		

CAUSES OF DEATH

**79**

PHYSICIAN  
OR CORONER

Primary	<i>Valvular Dis. Heart</i>	How long <i>5 years</i>
Immediate	<i>Valvular Dis. Heart</i>	How long <i>5 years</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician <i>Eugene Jones</i>
Address	<i>Kennett</i>	
Accident or Suicide?	<i>No</i>	



Name  
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Chas- David Hawley

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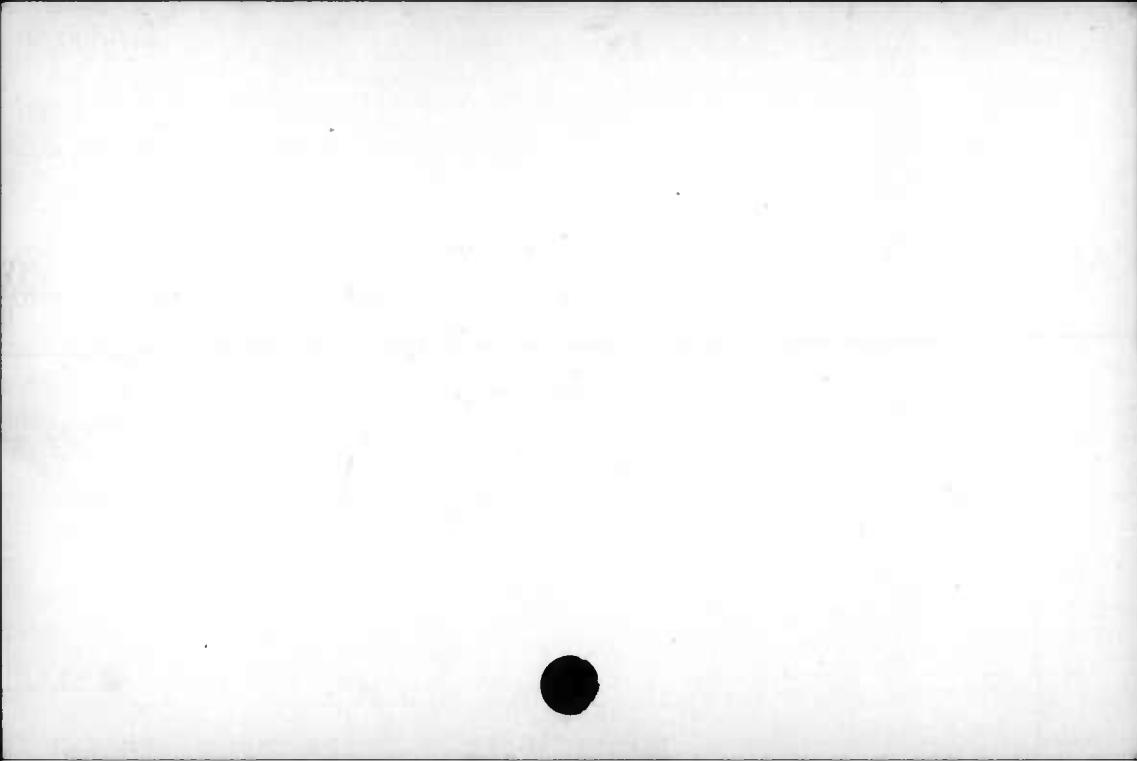
Died at <u>Poolsville</u> Town		<u>Montgomery</u> County		MARYLAND	
Date of death	1907	Month	Aug	Day	26
Age	1	Years		Months	4
Sex	Male	Color or Race	White	Birth-place	Montgomery Co. Md
Occupation	None				
Where Residing if not at place of death					
Married, Single or Widowed		Name of wife or Husband			
Father's Name	Harland Berkeley Hawley			Father's Birthplace	Va
Mother's Maiden Name	Virginia Matthews			Mother's Birthplace	Md
Name of person giving information	Charles Foster M <sup>r</sup> B. Hawley			How related to deceased	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Enteric Colitis</u>	How long	<u>3 weeks</u>
Immediate	<u>Meningitis</u>	How long	<u>one week</u>
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>B. W. Walling</u>
		Address	<u>Poolsville, Md.</u>
Accident or Suicide?			

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Name  
in  
Full

Elizabeth M. Fulk

## CERTIFICATE OF DEATH

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NEAREST FRIEND

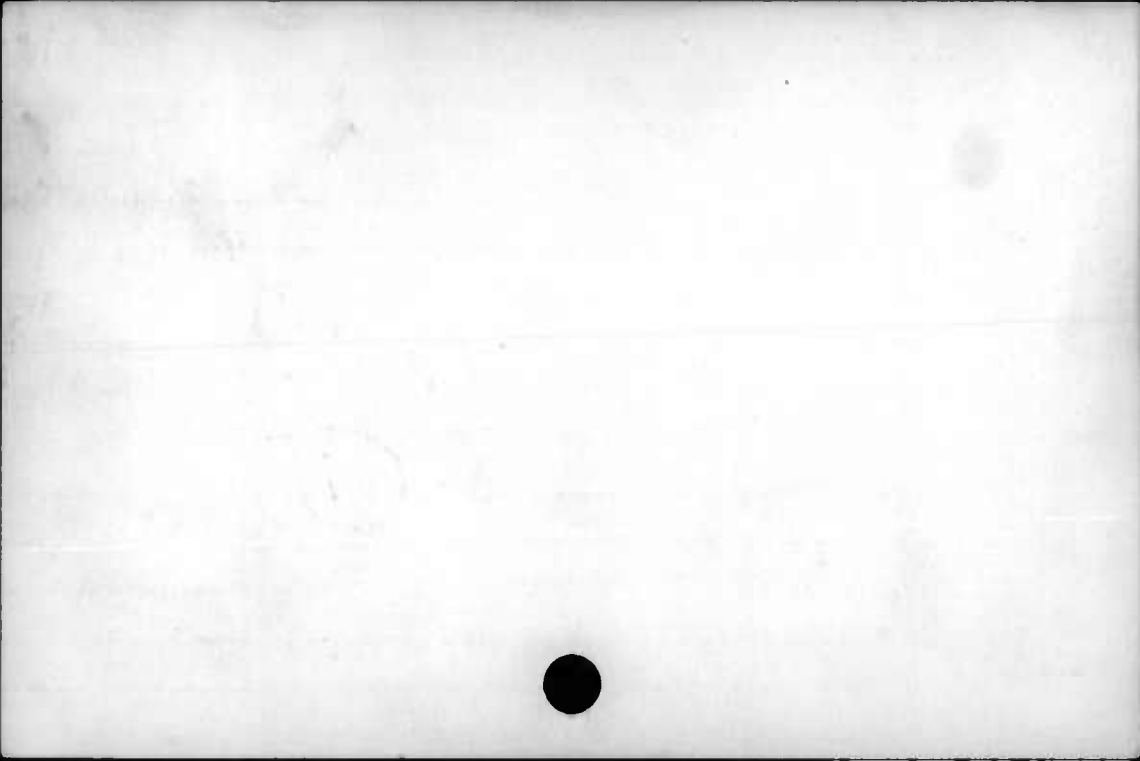
Died at		Gaithersburg		County		Montgomery		MARYLAND			
Date of death	1907	Month	8	Day	24	Years	67	Months	7	Days	4
Sex	Female		Color or Race	white			Birth-place	Montgomery Co., Md.			
Occupation	Housewife				Where Residing if not at place of death						
Married, Single or Widowed	Married		Name of Wife or Husband	J. Thomas Fulk							
Father's Name	Samuel Lloyd						Father's Birthplace	Md.			
Mother's Maiden Name	Rebecca A. Swannick						Mother's Birthplace	Montgomery Co., Md.			
Name of person giving Information	Mrs Swannick						How related to deceased	Daughter			

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary	Pulmonary Tuberculosis		How long	3 years
Immediate	Exhaustion		How long	—
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	H. B. Haddox
			Address	Gaithersburg, Md.
Accident or Suicide?		Natural		





Name  
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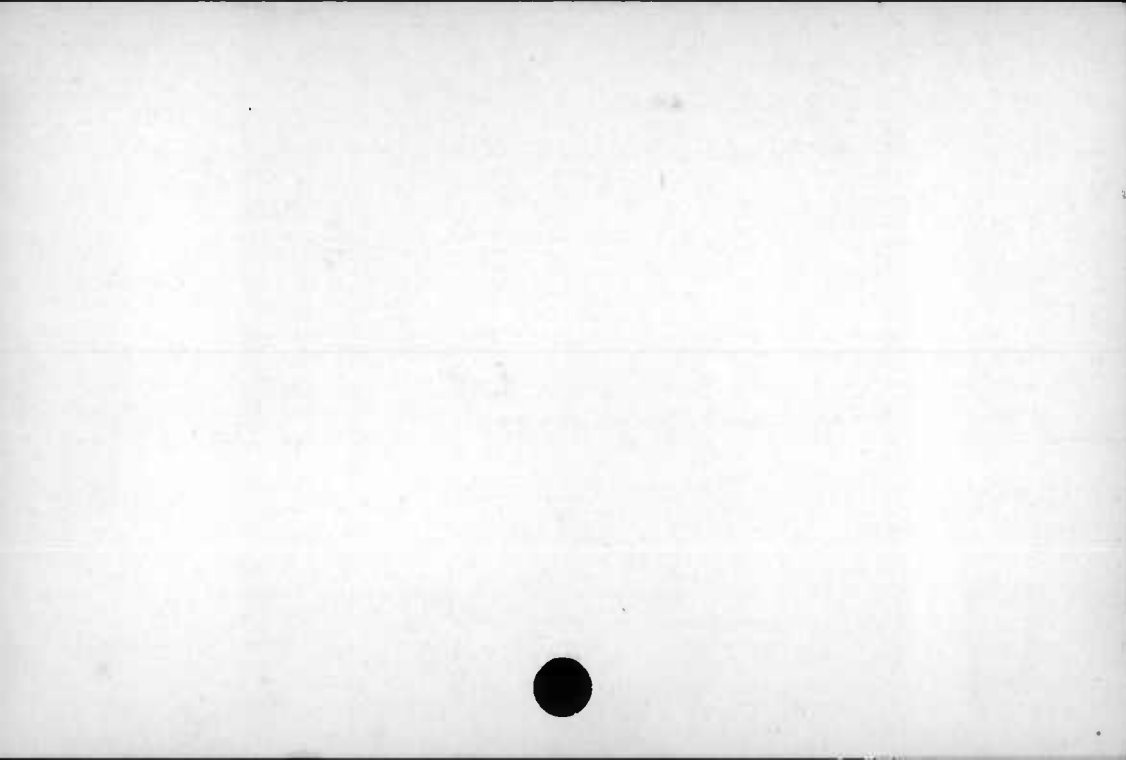
*John Rankin Gelliland* County *Maryland*  
 Died at *Northchase* Maryland  
 Date of death *1907 Aug 7* Age *68* Months *1* Days *—*  
 Sex *Male* Color or Race *White* Birth-place *Pa*  
 Occupation *Gr Clerk* Where Residing if not at place of death *D.C.*  
 Married, Single or Widowed *Widower* Name of Wife or Husband *Susan Holt Gelliland*  
 Father's Name *James Gelliland* Father's Birthplace *Pa*  
 Mother's Maiden Name *Eliya H. Rankin* Mother's Birthplace *Pa*  
 Name of person giving information *Hennetta G. Busch* How related to deceased *Sister*

## CAUSES OF DEATH

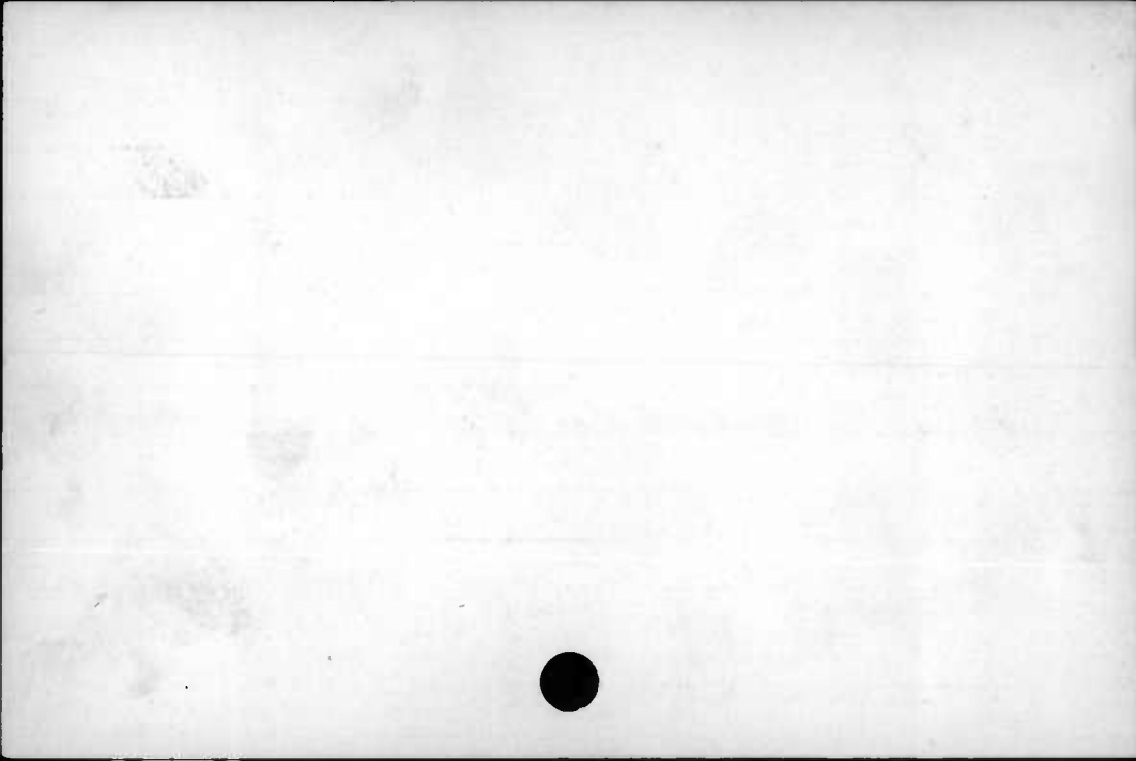
79

PHYSICIAN  
OR CORONER

Primary *Valvular Dis of Heart* How long *several yrs*  
 Immediate *General Anapay* How long *2 mos*  
 Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *W. L. Lewis*  
 Address *Knoxington*  
 Accident or Suicide? *no*



Name in Full		Priscilla B Higgins				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Redland</u> <sup>Town</sup>		<u>Montg</u> <sup>County</sup>		MARYLAND			
	Date of death	<u>1907</u>	Month	<u>8-</u>	Day	<u>19</u>	Age	<u>21</u>
	Sex	<u>Female</u>	Color or Race	<u>White</u>	Birth-place	<u>Montglo. md.</u>		
	Occupation	<u>                    </u>		Where Residing if not at place of death <u>                    </u>				
	Married, Single or Widowed	<u>Single</u>		Name of Wife or Husband <u>                    </u>				
	Father's Name	<u>Charles H. Higgins</u>				Father's Birthplace	<u>md.</u>	
	Mother's Maiden Name	<u>Malissa J. Watkins</u>				Mother's Birthplace	<u>md.</u>	
Name of person giving information	<u>Malissa J. Higgins</u>				How related to deceased	<u>mother</u>		
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary	<u>Malnutrition</u>				How long	<u>5 months</u>	
	Immediate	<u>Gastro Enteritis</u>				How long	<u>14 hrs -</u>	
	Are the name, age, sex, color, date and place correctly given above?		<u>yes</u>		Signature of Physician	<u>M.B. Haddock</u>		
					Address	<u>Gauthersburg Md</u>		
	Accident or Suicide?		<u>Natural</u>					



Name  
in  
Full

Joanna America Howard

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

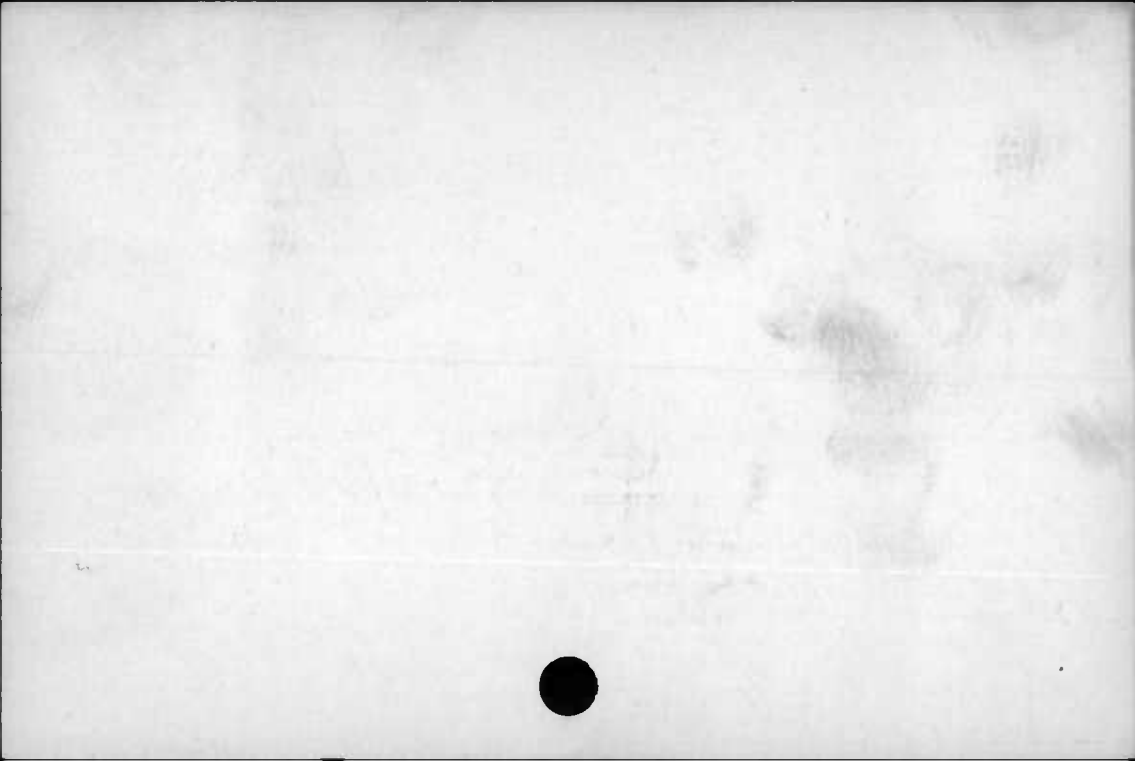
Died at <i>Laytonville</i>		Town		<i>Montgomery</i>		County		MARYLAND	
Date of death <i>1907</i>	Month <i>Aug</i>	Day <i>20</i>	Age	Years	Months <i>5</i>	Days <i>18</i>			
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Montgomery Co Md</i>						
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>						
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>							
Father's Name <i>Thomas Howard</i>		Father's Birthplace <i>Montgomery Co</i>							
Mother's Maiden Name <i>Margaret Ann Evelyn</i>		Mother's Birthplace <i>" "</i>							
Name of person giving information <i>Charles H Evelyn</i>		How related to deceased <i>Cousin</i>							

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary	<i>Cholera Infantum</i>	How long	<i>8 days</i>
Immediate	<i>General Exhaustion from Cholera Infantum</i>	How long	<i>"</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J H Dyson</i>	
		Address <i>Laytonville Montgomery Co Md</i>	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

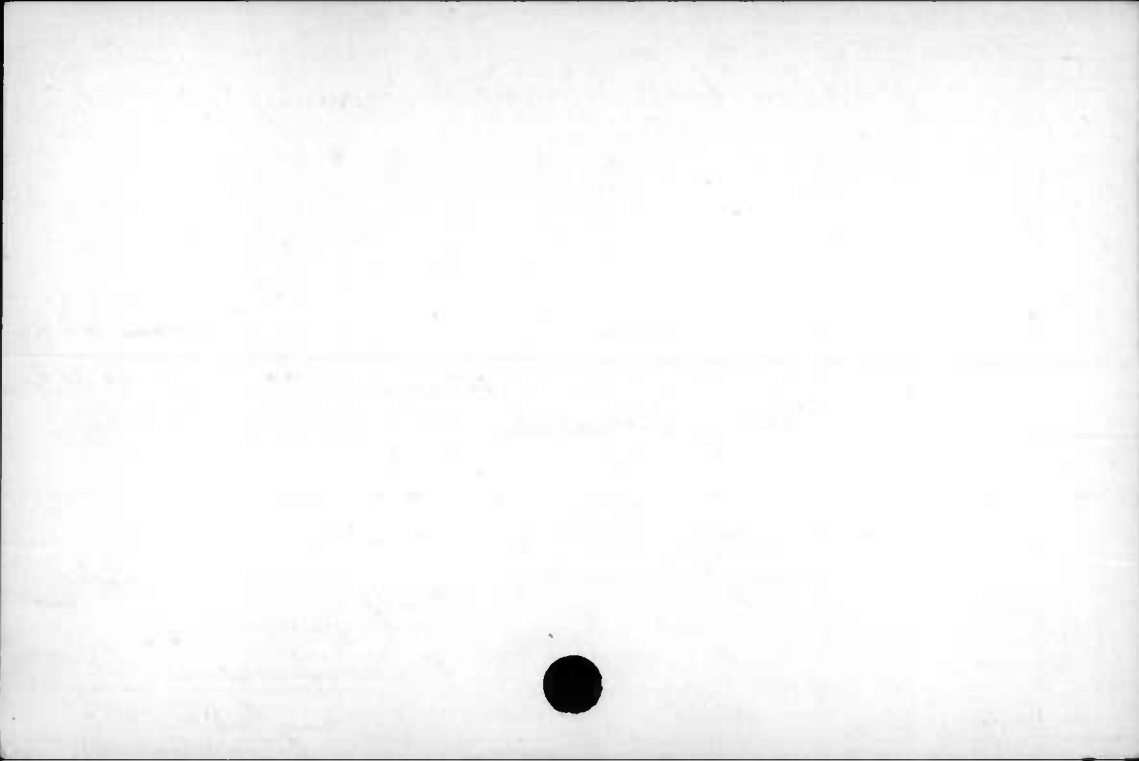
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Crofton</i> Town		<i>Montgomery</i> County		MARYLAND	
Date of death <i>1907</i>	<i>AUG 29 1907</i>	Age <i>23</i> Years	Months <i>—</i>	Days <i>—</i>	
Sex <i>Female</i>	Color or Race <i>Negro</i>	Birth-place <i>Montg Co Md.</i>			
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>Gaithersburg Md.</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Mrs. Jackson</i>				
Father's Name <i>Jarrett Bowman</i>	Father's Birthplace <i>Md.</i>				
Mother's Maiden Name <i>Betsy Torney</i>	Mother's Birthplace <i>Md.</i>				
Name of person giving information <i>Charley Gardner</i>	How related to deceased <i>Aunt</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pneumonia</i>	<i>(27)</i>	How long <i>3 weeks</i>
Immediate <i>Pulmonary Tuberculosis</i>		How long <i>6 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. J. Pratt</i>	
	Address <i>Polomac Md</i>	
Accident or Suicide? <i>—</i>		





Name  
in  
Full

Lucretia Jackson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

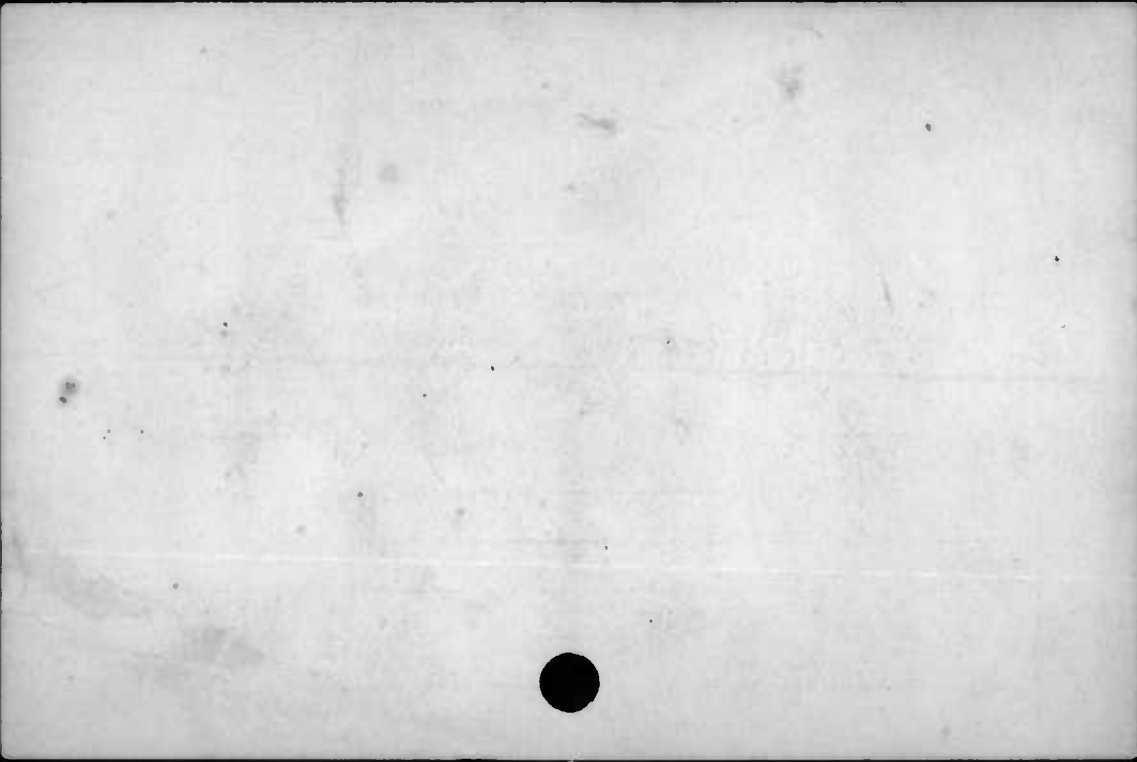
Died at		Rockville		Montgomery		MARYLAND	
Date of death	1907	Month	Aug	Day	27	Age	32
Sex	female	Color or Race	Colored	Birth-place	Maryland		
Occupation	Washerwoman			Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband Henry Jackson				
Father's Name	Alford Harbard			Father's Birthplace	Maryland		
Mother's Maiden Name	Matilda Jackson			Mother's Birthplace	Maryland		
Name of person giving information	Henry Jackson			How related to deceased	Husband		

## CAUSES OF DEATH

116

PHYSICIAN  
OR CORONER

Primary	Pelvic peritonitis	How long	5 days
Immediate	Septicemia	How long	24 hrs
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	George E. Lewis, M.D.
		Address	Rockville, Md.
Accident or Suicide?			



Name  
in  
Full

CERTIFICATE OF DEATH

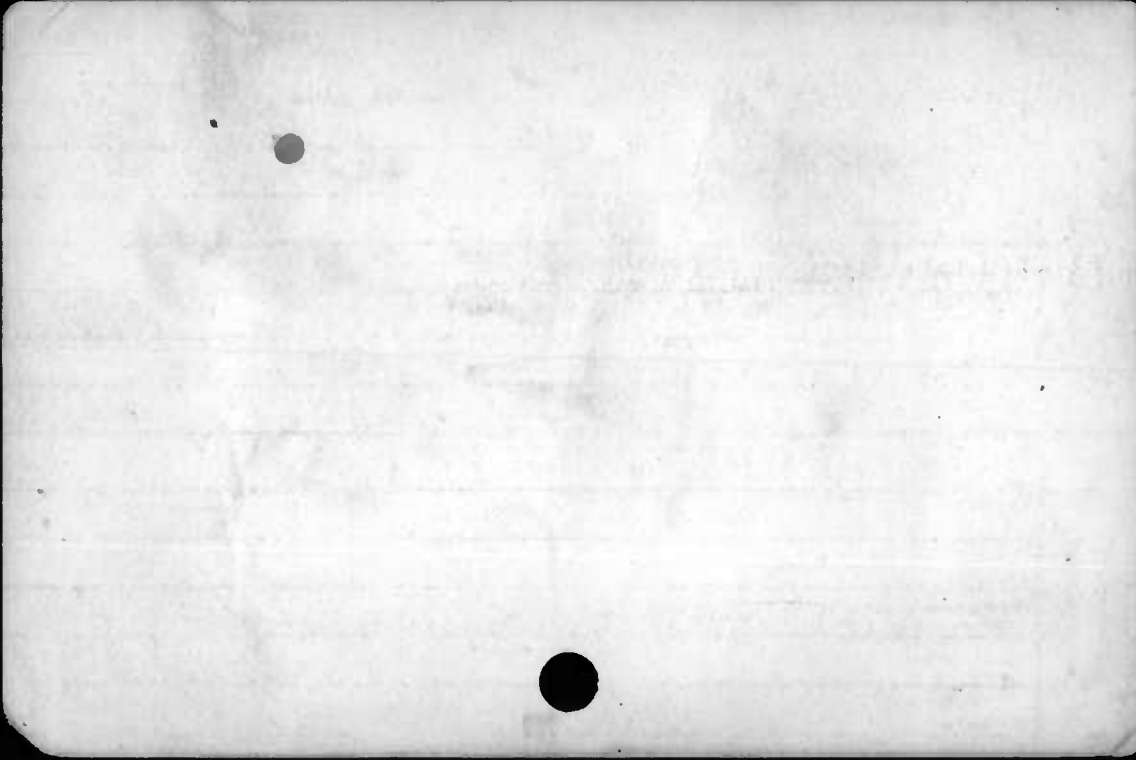
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Gaithersburg</i> <sup>Town</sup>		<i>Jackson</i> <sup>County</sup>		MARYLAND	
Date of death <i>1907</i>	Month <i>8-</i>	Day <i>8</i>	Age <i>—</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>md -</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Not known</i>		<i>(S)</i>		Father's Birthplace <i>Don't know</i>	
Mother's Maiden Name <i>Lena Jackson</i>		<i>(S)</i>		Mother's Birthplace <i>md -</i>	
Name of person giving information <i>Lena Jackson</i>		How related to deceased <i>mother</i>			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Still born</i>	<i>(S)</i>	How long <i>—</i>
Immediate <i>—</i>	<i>(S)</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>—</i>	Signature of Physician <i>H. B. Handley</i>	
	Address <i>Gaithersburg Md -</i>	
Accident or Suicide? <i>—</i>		



Name  
in  
Full

## CERTIFICATE OF DEATH

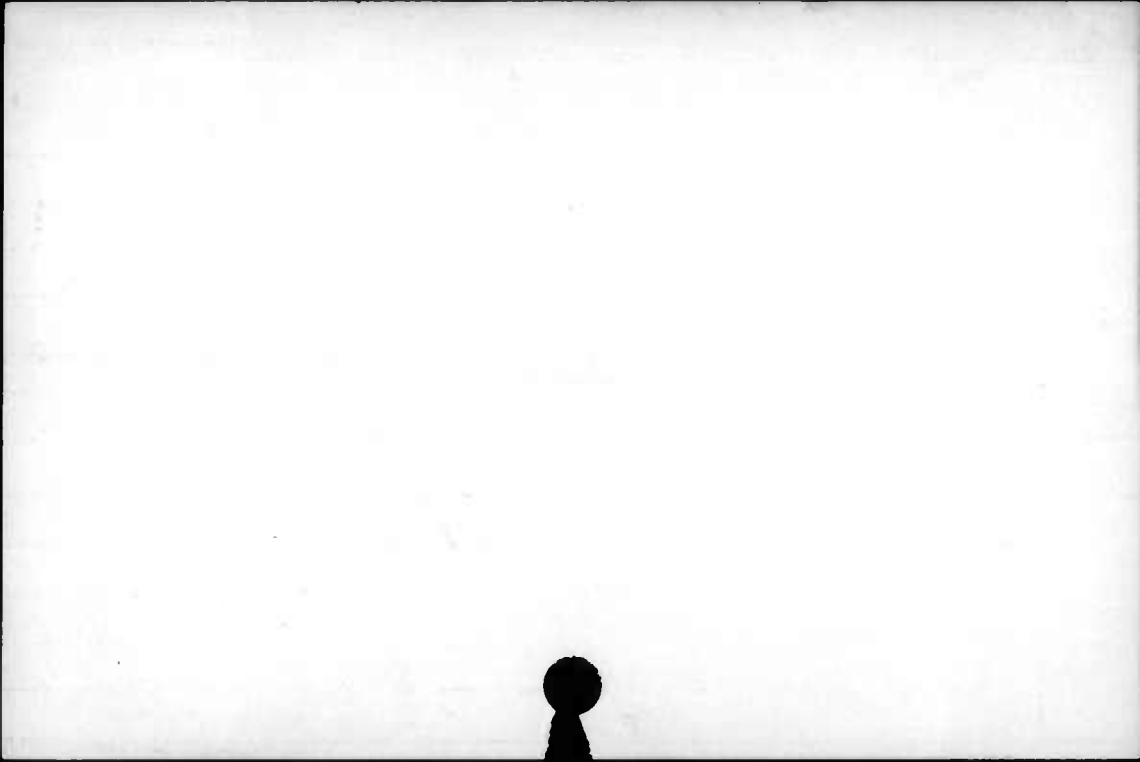
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Rockville</i>		County <i>Montgomery</i>		MARYLAND	
Date of death		Month <i>8</i>		Day <i>14</i>		Age Years <i>5</i> Months <i>5</i> Days	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth- place <i>Maryland</i>			
Occupation <i>None</i>		Where Residing if not at place of death <i>X</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>X</i>					
Father's Name <i>Henry Jackson</i>		✓				Father's Birthplace <i>Maryland</i>	
Mother's Maiden Name <i>Mary Johnson</i>						Mother's Birthplace <i>Maryland</i>	
Name of person giving In formation <i>Mary Johnson</i>						How related to deceased <i>Not her</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Premature Birth</i>		(151)		How long <i>Five days</i>	
Immediate					
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>			
		Signature of Physician <i>Edward Anderson M.D.</i>			
		Address <i>Rockville, Md.</i>			
Accident or Suicide?					



Name  
in  
Full

Elmer W. Johnson

CERTIFICATE OF DEATH

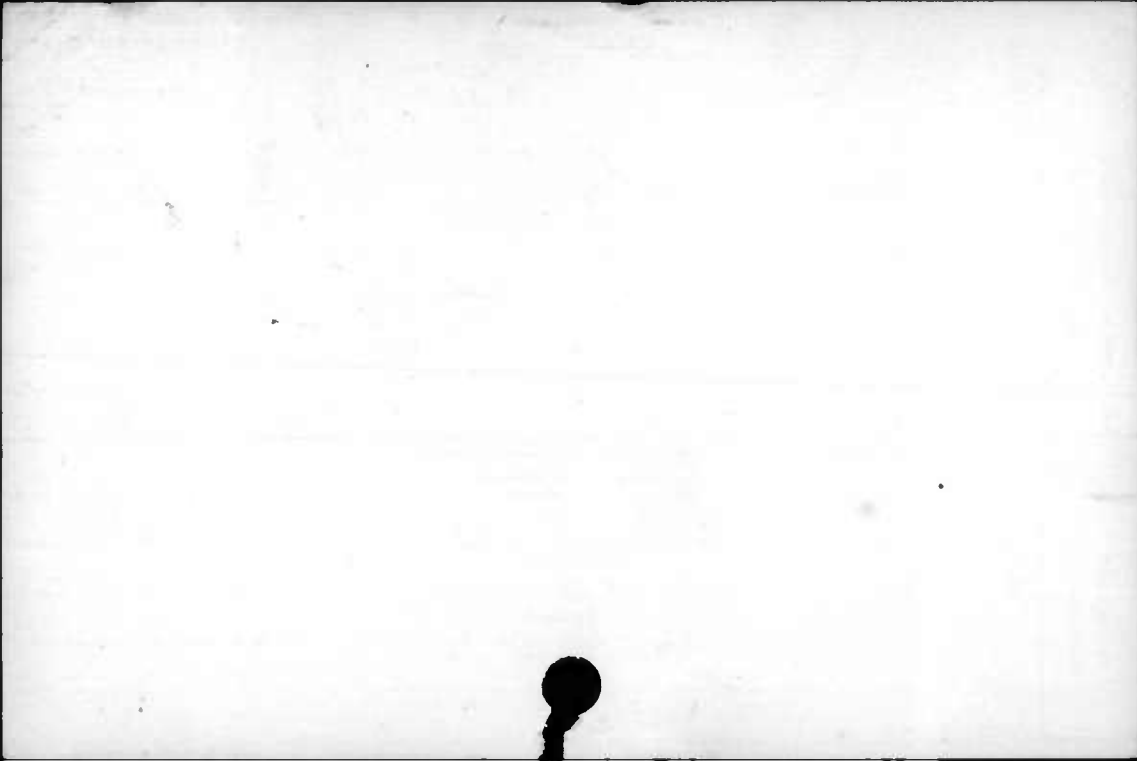
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Dawsonville</u> <sup>Town</sup>		<u>County</u>		MARYLAND	
Date of death	1907	Month	8	Day	19
Age		Years		Months	Days
Sex		Color or Race		Birth-place	
Male		Negro.		Sugar Land Md.	28.
Occupation		Where Residing if not at place of death			
None					
Married, Single or Widowed		Name of Wife or Husband			
Single					
Father's Name		Father's Birthplace			
Jacob. Johnson		Md.			
Mother's Maiden Name		Mother's Birthplace			
Della McDonald		Ind.			
Name of person giving information		How related to deceased			
Father, Jacob Johnson		Father.			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Enterocolitis</u>	How long	<u>10 days</u>
Immediate	<u>Acute broncho-pneumonia</u>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		H. D. House M.D.	
		Address	
		Dawsonville	
		County to Md.	
Accident or Suicide?			





Name  
in  
Full

Samuel Allen Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Normand</i>		Town		County		MORTGAGE	
Date of death 1907	Month 8	Day 19	Age	Years	Months	Days	
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>Normand</i>				
Married, Single or Widowed			Occupation				
Name of Wife or Husband							
Father's Name <i>Samuel W. Johnson</i>				Father's Birthplace <i>Sandy Spring</i>			
Mother's Maiden Name <i>Larry Slattery</i>				Mother's Birthplace			
Name of person giving information <i>Samuel W. Johnson</i>				How related to deceased <i>Farther</i>			

CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary	<i>Cholera infantum</i>	How long	<i>2 weeks</i>
Immediate	<i>Convulsions</i>	How long	<i>2 hours</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>Roger Brewer</i>	
		Address	
		<i>Sandy Spring</i>	
Accident or Suicide?			

24.  
25.



Name  
in  
Full

CERTIFICATE OF DEATH

*Wm. Samuel Kinney*

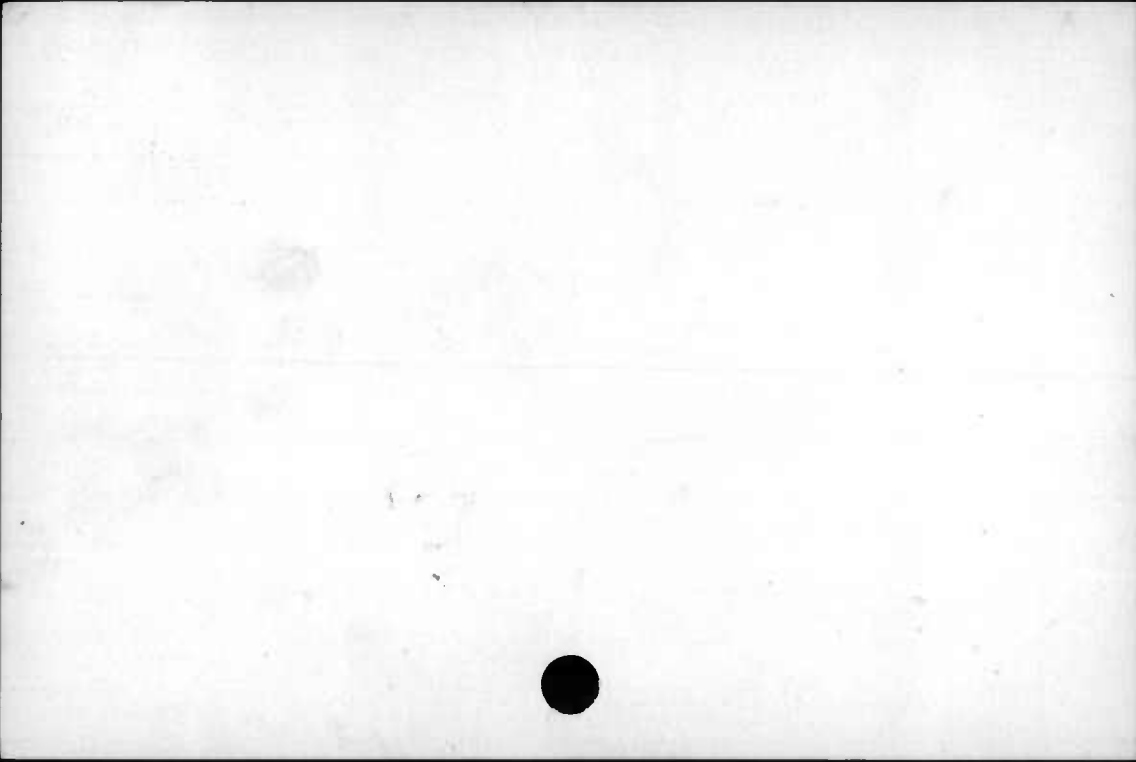
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Woods</i>		Town <i>Montgomery</i>		County		MARYLAND	
Date of death <i>1907</i>		Month <i>Aug</i>		Day <i>27</i>		Age <i>30</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Montgomery Co</i>		Months	
Occupation <i>Farmer</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Mary Kinney</i>					
Father's Name <i>Nathan Kinney</i>		Father's Birthplace <i>Comus Md</i>					
Mother's Maiden Name <i>Eva Nielsen</i>		Mother's Birthplace <i>Boyd Md</i>					
Name of person giving information <i>Kadd Kinney</i>		How related to deceased <i>Brother</i>					

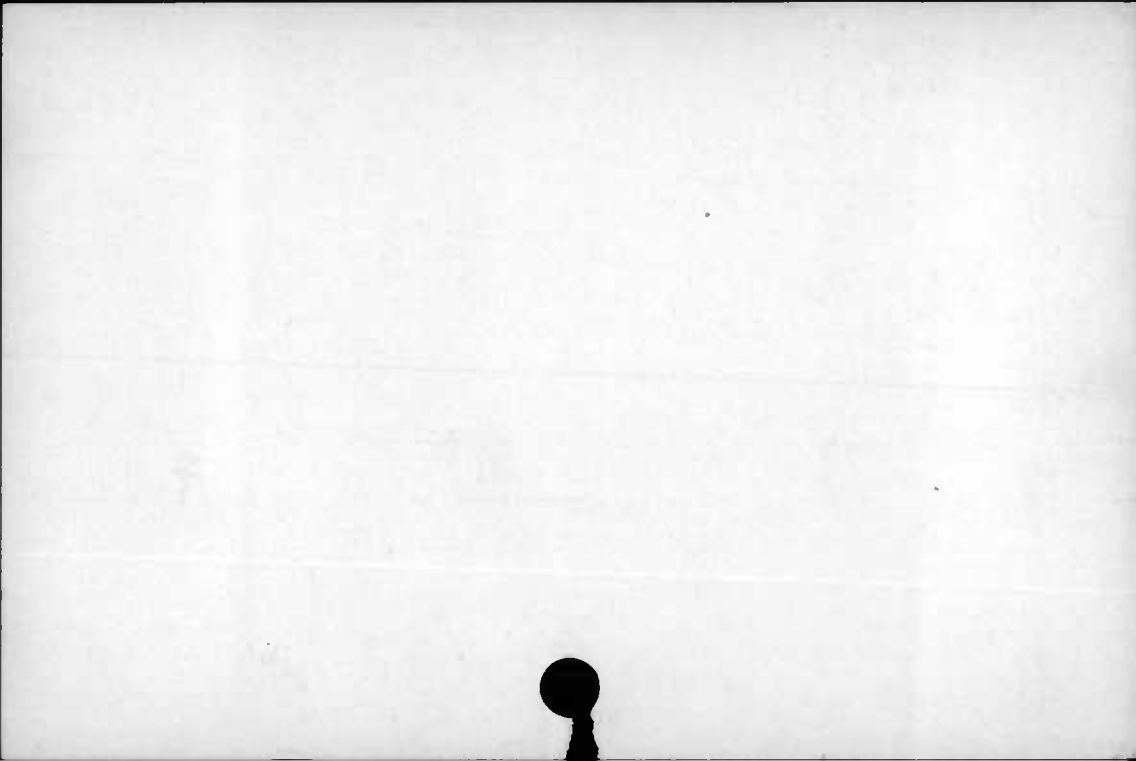
CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Typhroid fever</i>		How long <i>Four weeks</i>	
Immediate <i>Perforation</i>		How long <i>Ten minutes</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>G. H. Stonestreet</i>	
<i>Barnesville</i>		Address <i>Md</i>	
Accident or Suicide?			



Name in Full		JANE MULLIGAN				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Acty Say Hill		Montg		MARYLAND	
	Date of death	1907	Aug	11	Age	68	
	Sex	Female		Color or Race	white		Birthplace
	Occupation	Housewife		Where Residing if not at place of death		same	
	Married, Single or Widowed	widow		Name of Wife or Husband		Dont Know	
	Father's Name	Dont Know		Father's Birthplace		Md	
	Mother's Maiden Name	Dont Know		Mother's Birthplace		Md	
	Name of person giving information	Physician		How related to deceased		none	
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: center;">64</div>							
PHYSICIAN OR CORONER	Primary	Cerebral Hemorrhage				How long	7 hrs
	Immediate	Paralysis				How long	7 hrs
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		W L Davis
					Address		Rmsington Md
Accident or Suicide?		no					



Name

in  
Full

Harriet E. Muncester

## CERTIFICATE OF DEATH

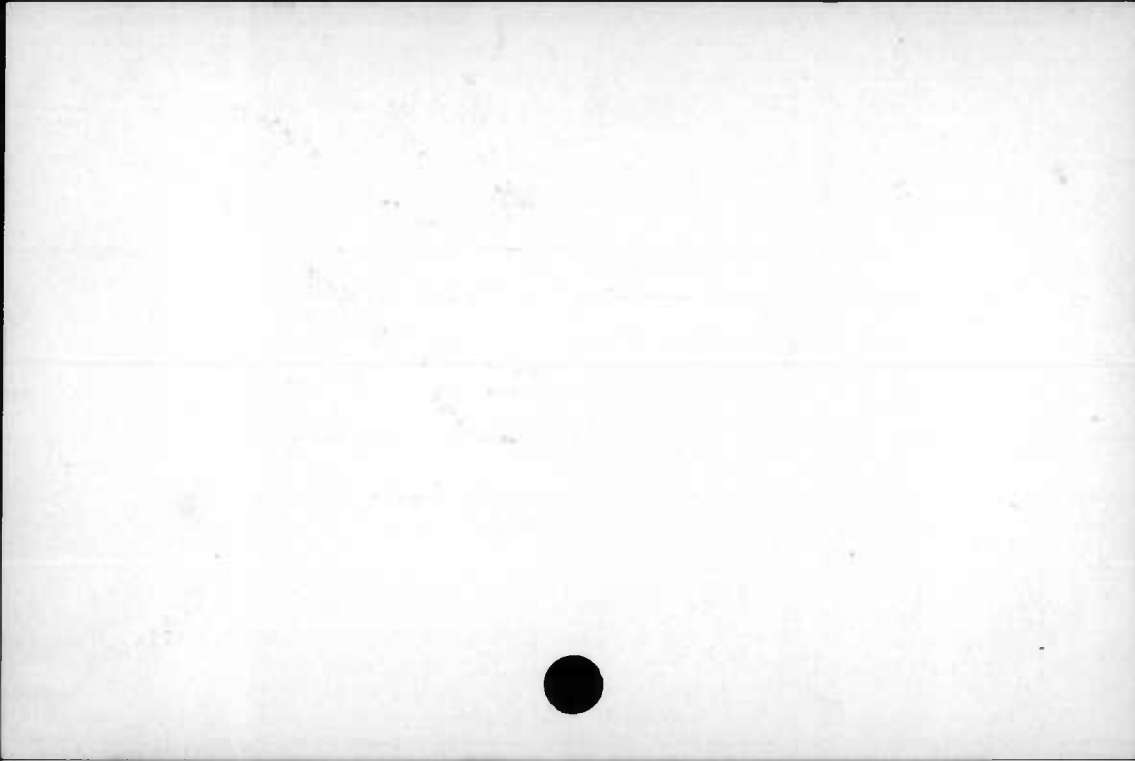
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Rosedale		County Montgomery		MARYLAND	
Date of death		1907	Month 8	Day 7	Age 82	Years 3	Months —
Sex Female		Color or Race white		Birth-place Md			
Occupation none		Where Residing if not at place of death X					
Married, Single or Widowed widow.		Name of Wife or Husband O. Tho C. Muncester					
Father's Name Gabriel Magruder		Father's Birthplace Md					
Mother's Maiden Name Rachel Cook		Mother's Birthplace Md					
Name of person giving information Calvin Muncester		How related to deceased son					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	old age	(154)	How long	X
Immediate	(acute) Heart failure		How long	X
Are the name, age, sex, color, date and place correctly given above?		yes		
Signature of Physician		O. H. Lenthicum		
Address		Rosedale Md		
Accident or Suicide?		X		





Name  
in  
Full

Elizabeth Browner Nicholson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> *Rockville* <sup>County</sup> *Montgomery* **MARYLAND**

Date of death *1907* <sup>Month</sup> *Aug* <sup>Day</sup> *24* <sup>Years</sup> *3* <sup>Months</sup> *3* <sup>Days</sup>

Sex *Female* Color or Race *White* Birth-place *Maryland*

Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed *Single* Name of Wife or Husband \_\_\_\_\_

Father's Name *J. Browner Nicholson* Father's Birthplace *Wash. D.C.*

Mother's Maiden Name *Mary Trail* Mother's Birthplace *Maryland*

Name of person giving information *J. B. Nicholson* How related to deceased *Brother*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

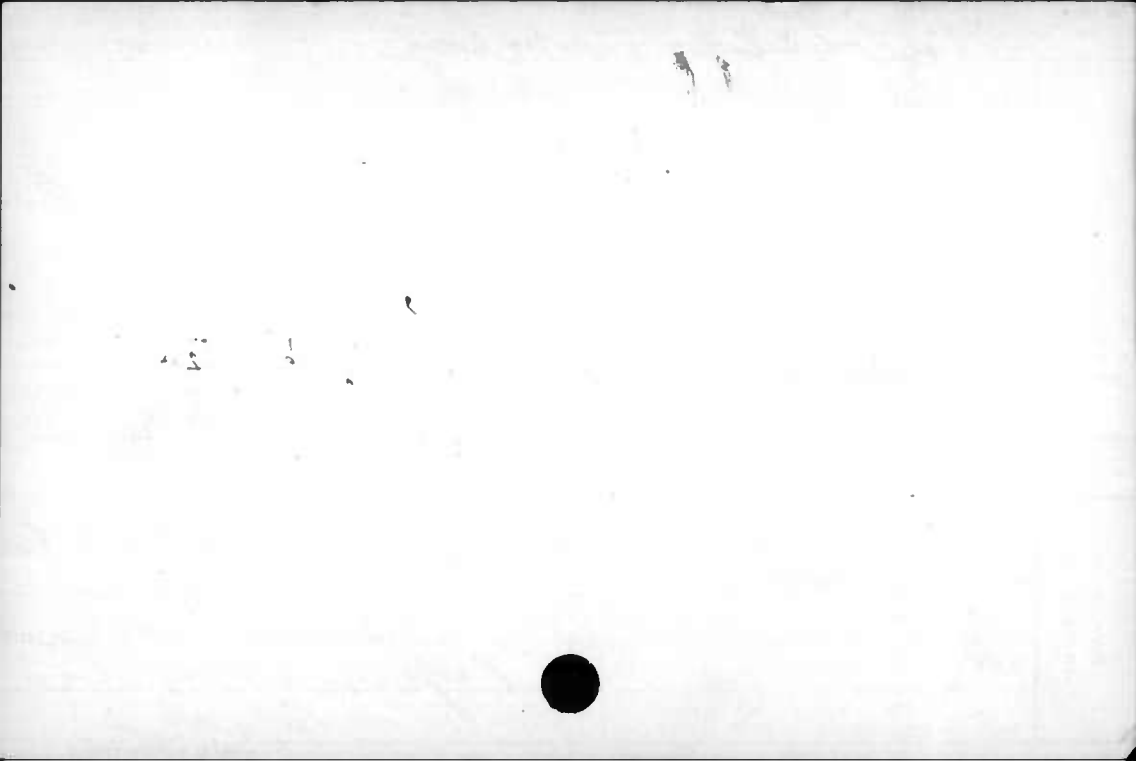
Primary *Enteric Colitis* **105** How long *8 days*

Immediate *Exhaustion* How long *24 hours*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *Claiborne H. Mannat*

Address *Rockville*

Accident or Suicide? *No* *MD.*



Name  
in  
Full

CERTIFICATE OF DEATH

Rebecca Parsley

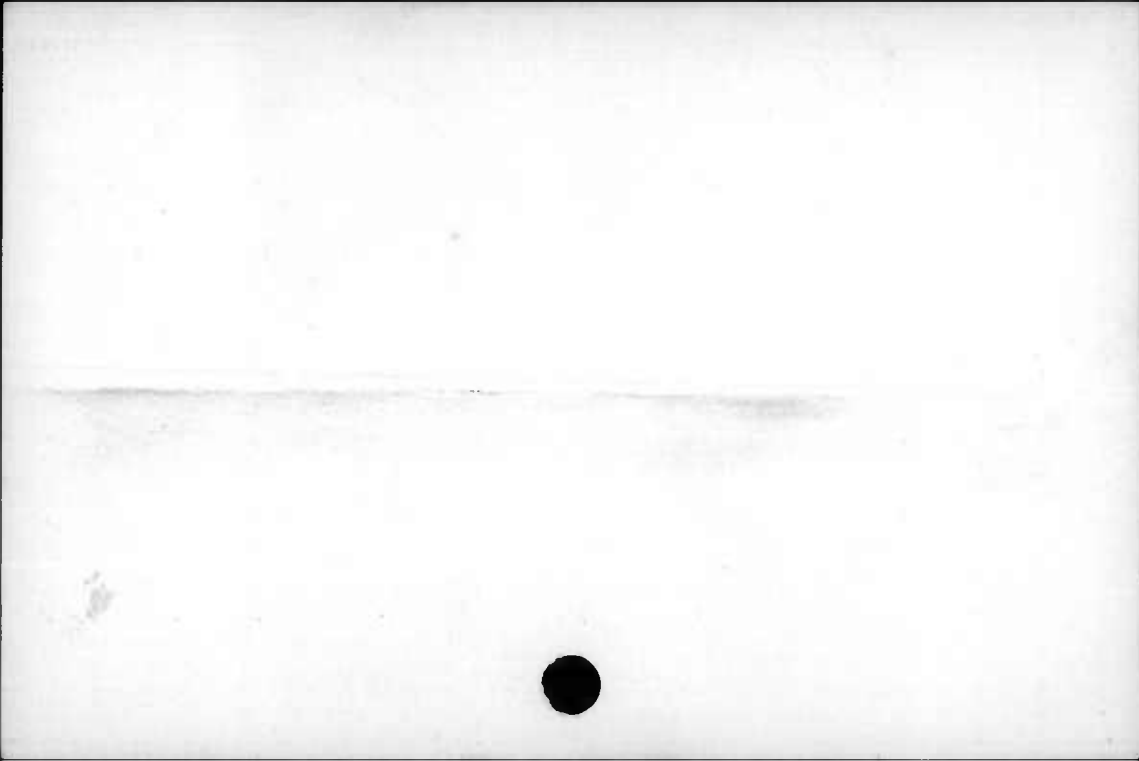
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Burtonsville</u> <small>Town</small>		<u>Montgomery</u> <small>County</small>		MARYLAND	
Date of death <u>1907</u> <small>Year</small>		<u>aug</u> <small>Month</small>	<u>8</u> <small>Day</small>	<u>47</u> <small>Years</small>	<u>5</u> <small>Months</small>
Sex <u>Female</u>	Color or Race <u>white</u>	Birthplace <u>Montg. Co</u>			
Occupation <u>House wife</u>	Where Residing if not at place of death				
Married, Single <u>Married</u>	Name of Wife or Husband <u>John Parsley</u>				
Father's Name <u>Geo Gingles</u>	Father's Birthplace <u>DC Co.</u>				
Mother's Maiden Name <u>Unknown</u>	Mother's Birthplace <u>Unknown</u>				
Name of person giving information <u>Ed Rich</u>	How related to deceased <u>Son in Law</u>				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Cancer of stomach</u>	How long <u>45</u>	How long <u>5 or 6 years</u>
Immediate <u>Exhaustion</u>	How long <u>12 months</u>	
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>J. R. Burton</u>	
	Address <u>Spencerville Md</u>	
Accident or Suicide?		



Name  
in  
Full

Mattheal Phoenix

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Brooksville <sup>County</sup> Montgomery MARYLAND

Date of death 1907 <sup>Month</sup> Aug. <sup>Day</sup> 30 <sup>Years</sup> Age 15 <sup>Months</sup> 5 <sup>Days</sup> 25

Sex Female Color or Race Colored Birth-place Carey

Occupation \_\_\_\_\_ Where Residing if not at place of death Brooksville

~~Married~~, Single or ~~Widowed~~ Name of Wife or Husband \_\_\_\_\_

Father's Name Bessey Phoenix Father's Birthplace London Co. Va.

Mother's Maiden Name Mary Snowden Mother's Birthplace Montg. Co. Md.

Name of person giving information Mary Phoenix How related to deceased Mother

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary Pulmonary Tuberculosis How long 2 or 2 1/2 years

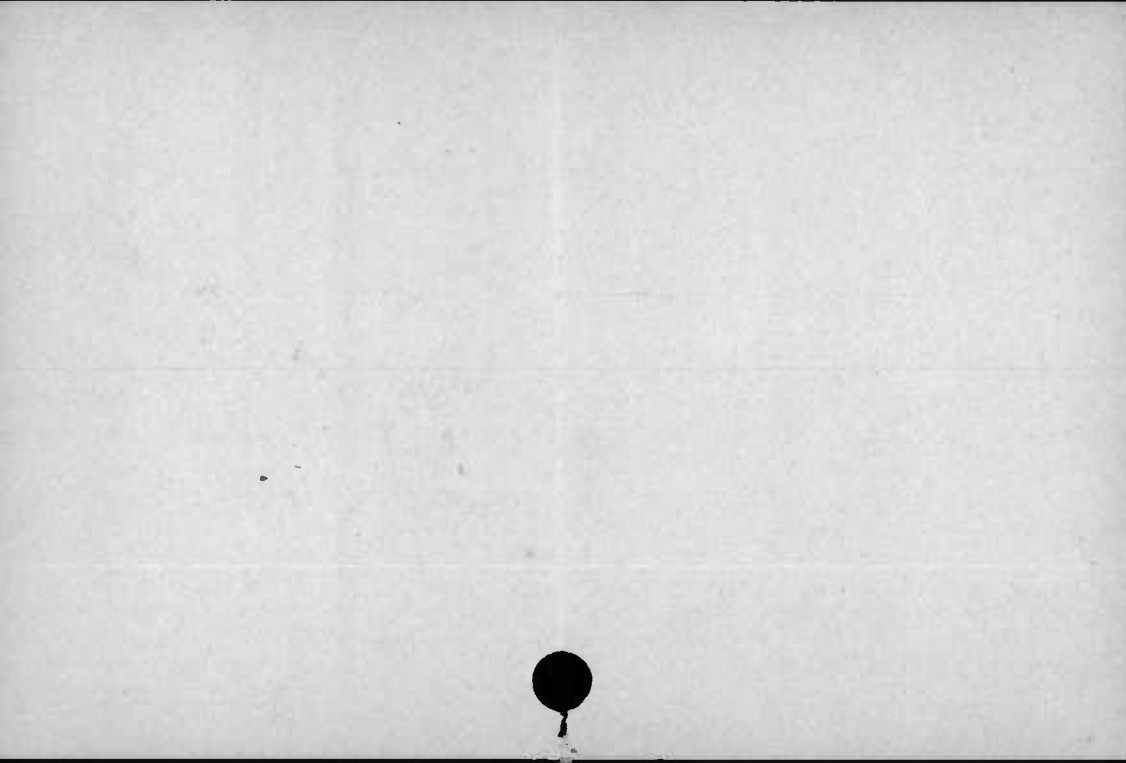
Immediate Pulmonary Hemorrhage How long 10 to 15 minutes

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician W. F. Green

Address Brooksville, Maryland

Accident or Suicide? \_\_\_\_\_



Name  
in  
Full

Mrs Mary M Poole

## CERTIFICATE OF DEATH

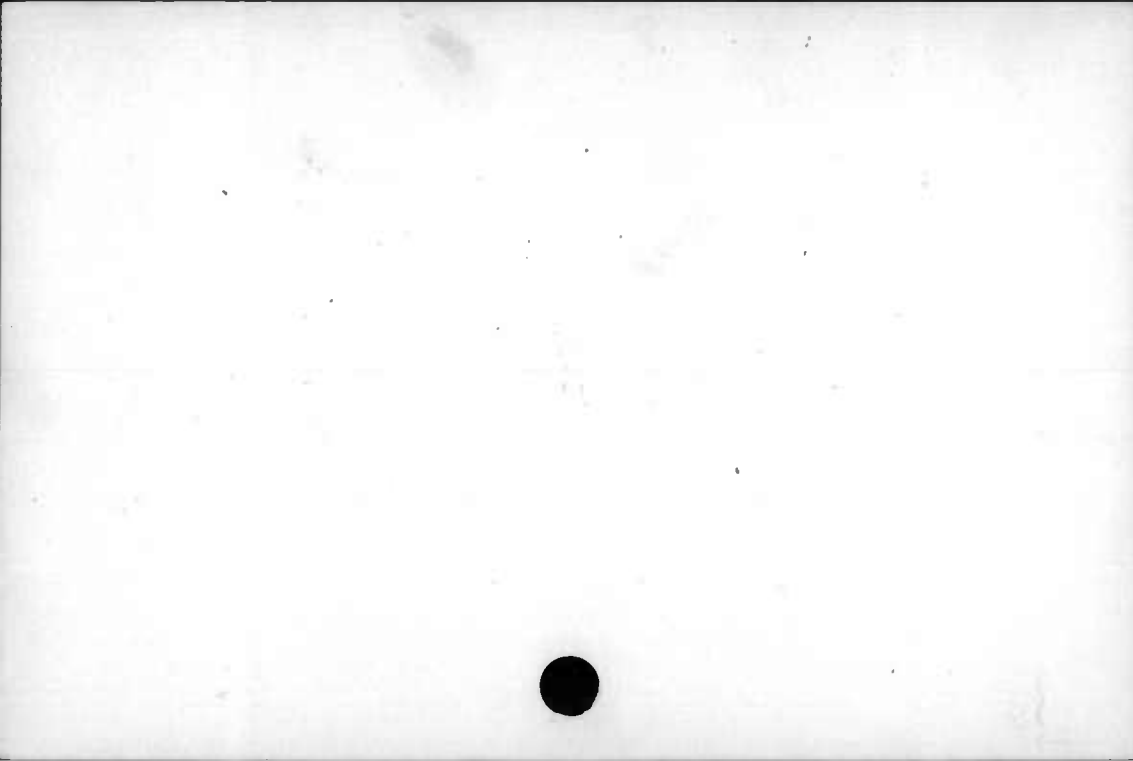
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Poolsville</u> <sup>town</sup>		County <u>Montgomery</u>		MARYLAND	
Date of death <u>1907 Aug 27</u>		Age <u>69</u>		Months <u>8</u>	Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>white</u>	Birth-place <u>md.</u>			
Occupation <u>none</u>		Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>John Poole</u>			
Father's Name <u>Horatio Styles</u>		Father's Birthplace <u>md.</u>			
Mother's Maiden Name <u>Mary Hickmoy</u>		Mother's Birthplace <u>md.</u>			
Name of person giving information <u>Chas. Poole</u>		How related to deceased <u>Son</u>			

## CAUSES OF DEATH

64  
How longPHYSICIAN  
OR CORONER

Primary	<u>Arterio Sclerosis</u>	How long	<u>—</u>
Immediate	<u>Cerebral Hemorrhage</u>	How long	<u>one week</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>E. W. White</u>	
		Address <u>Poolsville</u>	
Accident or Suicide? <u>—</u>		<u>md.</u>	





Name  
in  
Full

Rhoda Ray

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

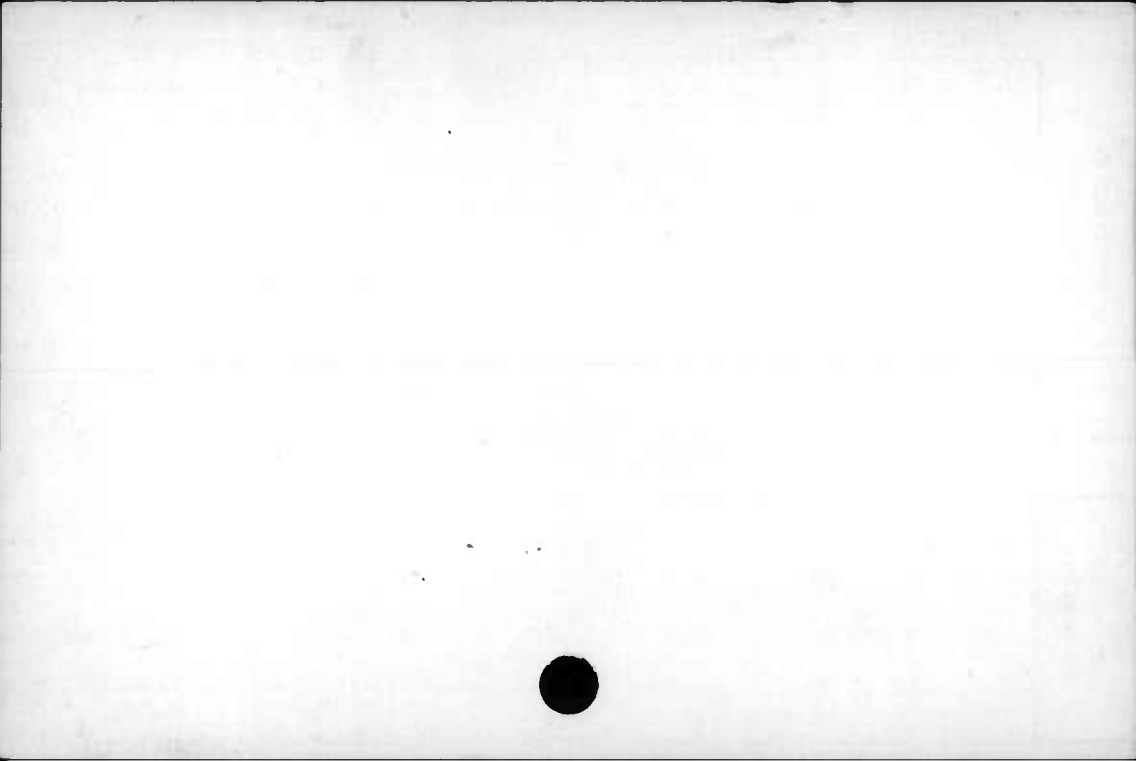
Died at <i>Rockville</i>		Town		<i>Montgomery</i>		County		MARYLAND	
Date of death <i>1907 Aug</i>		Month		Day <i>23</i>		Age <i>68</i>		Years	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>		Months		Days	
Occupation <i>Housewife</i>		Where Residing if not at place of death							
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband		<i>Ray</i>					
Father's Name		<i>Ward</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name				Mother's Birthplace <i>Maryland</i>					
Name of person giving information <i>R. B. Pamphrey</i>		How related to deceased <i>No relation</i>							

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary <i>Heart - Mitral regurgitation</i>		How long <i>14 years</i>	
Immediate <i>Exhaustion</i>		How long <i>2 or 3 weeks</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Clairborne H. Manner</i>	
		Address <i>Rockville</i>	
Accident or Suicide?			



Name  
in  
Full

Ruth Naomi Reed

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

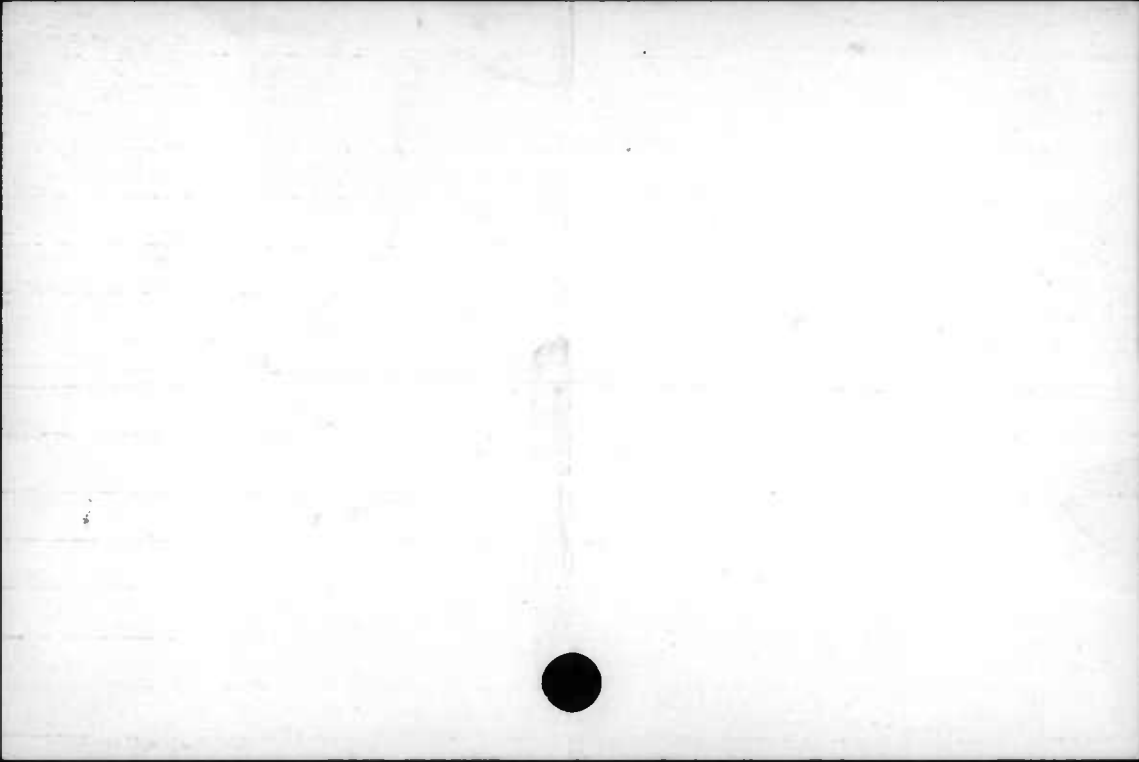
Died at <u>Germantown</u> <sup>Town</sup>		<u>Montgomery</u> <sup>County</sup>		MARYLAND	
Date of death	1907	Month	8	Day	31
Sex	female	Color or Race	White	Age	years <u>man</u> Months <u>7</u> Days <u>11</u>
Occupation	<u>man</u>		Where Residing if not at place of death	<u>man</u>	
Married, Single or Widowed	<u>man</u>		Name of Wife or Husband	<u>man</u>	
Father's Name	<u>Frank Leven Reed</u>			Father's Birthplace	<u>Montgomery Co.</u>
Mother's Maiden Name	<u>Loula Lucretia Miles</u>			Mother's Birthplace	<u>Howard Co.</u>
Name of person giving information	<u>Frank Leven Reed</u>			How related to deceased	<u>Father</u>

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary	<u>Dentition</u>	How long	<u>10 days</u>
Immediate	<u>Cholera-Infantum</u>	How long	<u>2 "</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>yes</u>		<u>J. V. S. Jones</u>	
		Address	
		<u>Germantown Md.</u>	
Accident or Suicide? <u>—</u>			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

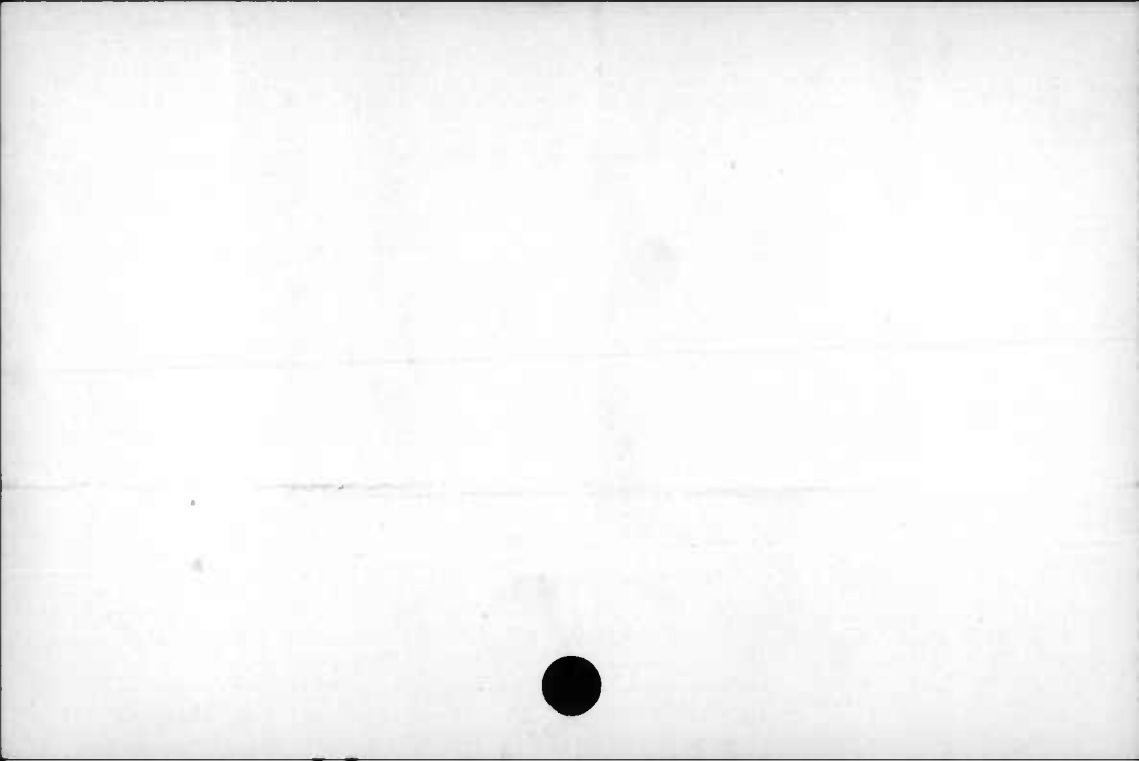
Died at <i>Norbeck</i> <sup>Town</sup>		<i>Meoutgomery</i> <sup>County</sup>		MARYLAND	
Date of death	1907	Month	August	Day	24
Age	70	Years		Months	
Sex	Female	Color or Race	Colored	Birth-place	Caroline Co. Va.
Occupation	Housewife		Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	James Ricks		
Father's Name	Not known		Father's Birthplace	Not known	
Mother's Maiden Name	Not known		Mother's Birthplace	Not known	
Name of person giving information	Susie Ricks		How related to deceased	Daughter in law	

## CAUSES OF DEATH

66

PHYSICIAN  
OR CORONER

Primary	Old age & Senilis	How long	
Immediate	Paralysis	How long	About two weeks
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Chas. Farguehan
		Address	Olney
Accident or Suicide?			Med.



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Unity</i>		County <i>Montg.</i>		MARYLAND	
Date of death	<i>1907</i>	Month <i>Aug.</i>	Day <i>4</i>	Age <i>74</i>	Years <i>74</i>	Months <i>no</i>	Days <i>no</i>
Sex <i>Female</i>	Color or Race <i>White</i>			Birth-place <i>Unity</i>			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name <i>Clinton Royer</i>				Father's Birthplace <i>Montg. Co.</i>			
Mother's Maiden Name <i>Mary F. Buzzard</i>				Mother's Birthplace <i>Montg. Co.</i>			
Name of person giving information <i>Sup. Clinton Royer</i>				How related to deceased <i>Mother</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Premature Birth</i>	<i>157</i>	How long	<i>---</i>
Immediate	<i>apnoea</i>		How long	<i>20 minutes</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	Signature of Physician <i>Harry S. Spurr</i>	
			Address <i>Unity</i>	
Accident or Suicide?				





Name in Full		Elba Chagett Saunders				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Potomac		County Montgomery		MARYLAND	
	Date of death	1907	Month Aug	Day 20	Age 20	Years	Months Days
	Sex	Female		Color or Race White		Birth-place Montgomery Co. Md.	
	Occupation	School girl			Where Residing if not at place of death X		
	Married, Single or Widowed	Single		Name of Wife or Husband X			
	Father's Name	Nathan N. Saunders				Father's Birthplace Montgomery Co. Md.	
	Mother's Maiden Name	Addie Chagett				Mother's Birthplace Montgomery Co. Md.	
	Name of person giving information	Addie Chagett				How related to deceased Mother	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Pulmonary Tuberculosis				How long	One year.
	Immediate	Exhaustion				How long	—
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician N. J. Pratt		
	Yes				Address Potomac Md.		
	Accident or Suicide? X						



10



Name  
in  
Full

CERTIFICATE OF DEATH

Marvin Sellers

Town

County

Died at

Baltimore

Montz

MARYLAND

Date

1907 Aug

Month

Day

Years

Age

14

Months

Days

Sex

male

Color or  
Race

white

Birth  
place

Baltimore

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

Geo. Sellers

Father's  
Birthplace

Baltimore Co

Mother's  
Maiden Name

Mary Collins

Mother's  
Birthplace

" "

Name of person giving  
information

How related  
to deceased

brother

CAUSES OF DEATH

105

Primary

Colera Infantum

How long

14 day

Immediate

convulsions

How long

one day

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

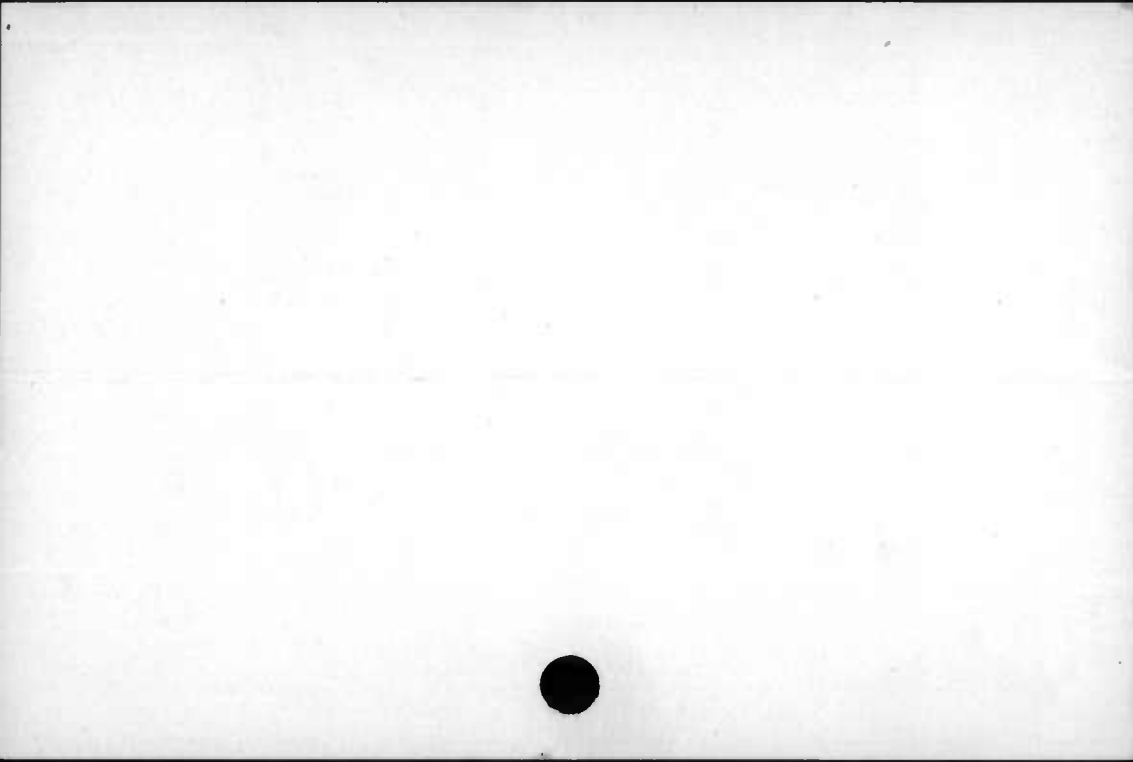
Address

J. R. Batson  
Baltimore  
Md

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name

in Full

Dorthea Mortimer Spriggs

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> *Brighton* <sup>County</sup> *Montgomery* **MARYLAND**

Date of death *1907* <sup>Month</sup> *Aug.* <sup>Day</sup> *12* <sup>Years</sup> *9* <sup>Months</sup> *9* <sup>Days</sup>

Sex *male* Color or Race *Black* Birth-place *Brighton*

Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed \_\_\_\_\_

Name of Wife or Husband \_\_\_\_\_

Father's Name *Jeremiah Spriggs*Father's Birthplace *Laytonsville*Mother's Maiden Name *Susanna Lewis*Mother's Birthplace *Brighton*Name of person giving information *Jeremiah Spriggs*How related to deceased *father*

## CAUSES OF DEATH

1105

PHYSICIAN  
OR CORONER

Primary *Indigestion, acute*

Immediate *Cholera Infantum*

How long *2 days*

How long *2 "*

Are the name, age, sex, color, date and place correctly given above?

*yes*

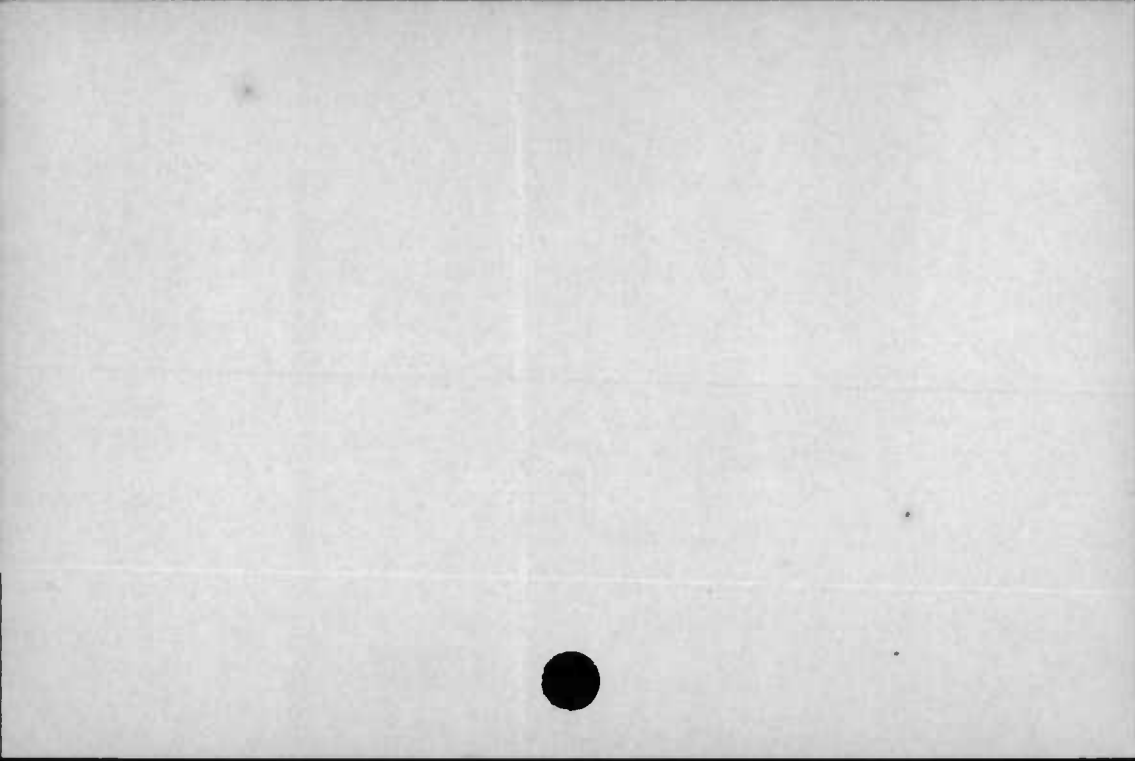
Signature of Physician

*Aug. Stabler*

Address

*Brighton*

Accident or Suicide? \_\_\_\_\_



Name  
in  
Full

Elizabeth Stewart

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

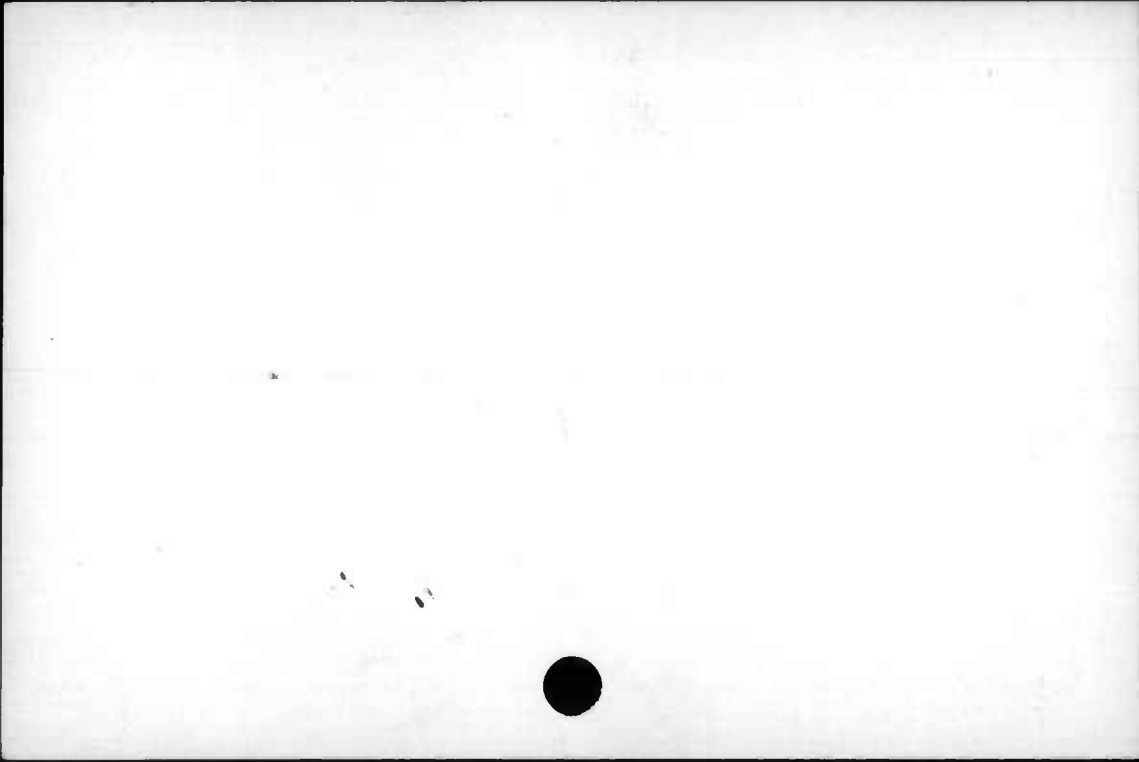
Died at <i>Burnt Mills</i> <sup>Town</sup>		<i>Montg</i> <sup>County</sup>		MARYLAND	
Date of death <i>1907</i>	Month <i>Aug.</i>	Day <i>31</i>	Age <i>28</i>	Years <i>2</i>	Months <i>0</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Md.</i>		
Occupation <i>Housewife</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Tom Stewart</i>			
Father's Name <i>John Edmondson</i>		Father's Birthplace <i>Md.</i>			
Mother's Maiden Name <i>Maria "</i>		Mother's Birthplace <i>Md.</i>			
Name of person giving information <i>Jno Lawrence</i>		How related to deceased <i>Brother in Law</i>			

## CAUSES OF DEATH

14

PHYSICIAN  
OR CORONER

Primary <i>Acute Dysentery</i>	How long <i>one week</i>
Immediate <i>Syncope</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. T. Brown</i>
<i>Yes</i>	Address <i>Silver Spring Md.</i>
Accident or Suicide?	





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		State	
Bethesda				Montgomery		Maryland	
Date of death	1907	Month	August	Day	second	Age	0
						Months	two
						Days	seven
Sex	Female			Color or Race	white		
Occupation	~			Birth-place	Va.		
Where Residing if not at place of death				~			
Married, Single or Widowed				~			
Name of Wife or Husband				~			
Father's Name				~			
Father's Birthplace				~			
Mother's Maiden Name				~			
Mother's Birthplace				~			
Name of person giving information				Miss E. Flynn			
How related to deceased				none			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Malnutrition	How long	Two months
Immediate	Exhaustion	How long	Three days
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	W. Myers Hunter M.D.
		Address	Founding Hospital Bethesda, Md.
Accident or Suicide?			



Name  
in  
Full

Carroll Le Roy Walters.

## CERTIFICATE OF DEATH

MARYLAND

Died at *Seneca* TcwnCounty *Montg.*

Date

of death *1907*Month *Aug*Day *16*

Age

Years *15*Months *3*Days *4*

Sex

*Male*Color or  
Race*white*Birth-  
place*Montg Co*

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
Name*H. Carroll Walters*Father's  
Birthplace*Pravilah*Mother's  
Maiden Name*Virginia E. Higgins*Mother's  
Birthplace*Darnestown*Name of person giving  
In formation*Father*How related  
to deceased

## CAUSES OF DEATH

105

Primary

*Dentition*

How long

*14 days*

Immediate

*Cholera - Infantum*

How long

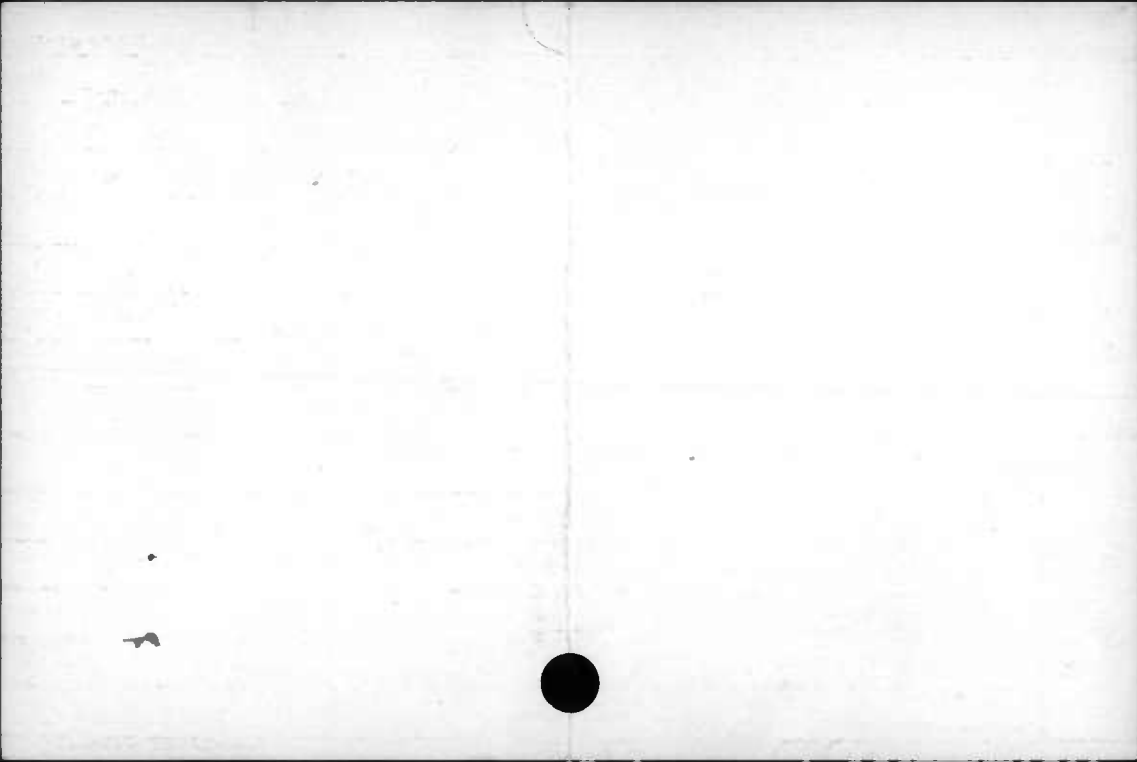
*4 "*Are the name, age, sex, color, date  
and place correctly given above?*yes*Signature of  
Physician*J. W. Simpson*

Address

*Germantown, Md.*

Accident or Suicide?

*—*TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <b>Potomac</b> Town		<b>Montgomery</b> County		MARYLAND	
Date of death <b>1907</b>	Month <b>Aug</b>	Day <b>21</b>	Age <b>1</b> Years	Months <b>4</b>	Days <b>—</b>
Sex <b>male</b>	Color or Race <b>white</b>		Birth-place <b>Nash SC.</b>		
Occupation <b>Infant</b>			Where Residing if not at place of death <b>Nash SC.</b>		
Married, Single or Widowed <b>Single</b>		Name of Wife or Husband <b>—</b>			
Father's Name <b>Mr. Xander</b>			Father's Birthplace <b>Germany</b>		
Mother's Maiden Name <b>Margaret Kiemann</b>			Mother's Birthplace <b>Balto' Md.</b>		
Name of person giving information <b>Margaret Kiemann</b>			How related to deceased <b>Mother</b>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <b>Cholera Infantum</b>	How long <b>105</b> <b>four weeks</b>
Immediate <b>Meningitis</b>	How long <b>five days</b>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <b>H. J. Pratt</b>
<b>yes</b>	Address <b>Potomac Md.</b>
Accident or Suicide? <b>X</b>	

